Maryland Medical Care Programs

Medical Assistance Program • Pharmacy Assistance Program

The Year in Review

Fiscal Year 1988

Maryland Department of Health and Mental Hygiene

Maryland Medical Assistance Program

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201 West Preston Street
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February, 1989

CONTENTS

INTRODUCTION....1
MARYLAND MEDICAL ASSISTANCE PROGRAM....2
MEDICAL ASSISTANCE ADVISORY COMMITTEE....2
ENROLLMENT....2
PROVIDERS....6
INVOICE PROCESSING....6
PAYMENTS....7
SERVICES....10
Hospital Services....10
Residential Treatment Services....11
Nursing Facility Services....11
Physician Services....12
Free-Standing Clinic Services....12
Free-Standing Dialysis Facilities....12
Nurse-Midwife Services....13
Pharmacy Services....13
Health Maintenance Organization (HMO) Services....14
Dental Services....15
Home Health Services....15
Medical Day Care....15
Personal Care Services....15
Home & Community-Based Waiver(DD)....16
Model Home & Community-Based Waiver....17
Home & Community-Based Waiver(Tech Assisted Children)....17
Early and Periodic Screening, Diagnosis and Treatment Services....17
Disposable Medical Supplies/Durable Medical Equipment....18
Medical Laboratory Services....18
Oxygen Services....19
Ambulance and Wheelchair Services....19
General Transportation Services....19
Vision Care Services....19
Physical Therapy Services....20
Podiatry Services....20
STEPS....20
Pregnant Women and Childrens's Services....21

PROGRAM CONTROLS....22
Medicaid Quality Control....22
Recoveries....22
Preauthorization....22
Fraud Investigations....22
Abuse Investigations....23
Primary Care Management Program....23
Physician Referral Service....24
Medicaid Management Information System....25

STATE FUNDED PROGRAMS....25
Prenatal Assistance Program....25
Maryland Pharmacy Assistance Program....26

PROGRAM TRENDS....28

TABLES....34

1. Average Number of Enrollees by Residence of Enrollee and Eligibility Category....35

2. Payments by Eligibility Category and Type of Service....36

3. Payments by Residence and Eligibility Category....37

4. Payments by Residence and Service....39

5. Average Payment per Enrollee by Eligibility Category and Type of Service....40

6. Average Payment per Enrollee by Residence of Enrollee and Eligibility Category....41

7. Average Payment per Enrollee by Residence of Enrollee and Service Type....42

8. Number of Selected Services by Residence of Recipient....43

9. Recipients and Days of Institutional Care by Type of Care and Eligibility Category....44

10. Number of Recipients of Services by Eligibility Category and Type of Service....45

11. Payments, Recipients, and Average Payment per Recipient of Service by Race....46

12. Payments for Services by Age, Race, and Sex of Recipient....47

13. Average Number of Enrollees and Average Payment per Enrollee by Age, Race, and Sex....48

14. Number of Recipients of Services and Average Payment per Recipient by Age,Race, and Sex....49

15. Payments by Type of Service and Age of Recipient....50

16. Number of Recipients of Services by Type of Service and Age of Recipient....51

17. Average Payment per Recipient of Services by Type of Service and Age of Recipient....52

18. Hospital Inpatient Program: Inpatient Services and Payments....53

19. Nursing Facility Program: Services and Payments....54

20. Hospital Program: Outpatient Services and Payments....55

21. Physician Program: Office, Home, and Nursing Facility Services and Payments....56

22. Physician In Hospital Program: Services and Payments....57

23. Pharmacy Program: Services and Payments....58

24. Special Services Program: Services and Payments....59

25. Hospital Inpatient Program: Services and Payments by Hospital....61

26. Nursing Facility Program: Services and Payments by Facility....65

27. Hospital Outpatient Program: Services and Payments by Hospital....72

28. Physician Program: Payments and Number of Physician Accounts by Location of Provider and Payment Group....75

29. HMO Program: Total Payments, Monthly Enrollment and Medical Services Provided by Age and Sex of Recipient....76

30. Home and Community Health Programs: Payments by Residence of Recipient and Type of Service....77

31. Special Services: Payments by Residence of Recipient and Type of Service....78

32. Early and Periodic Screening, Diagnosis and Treatment Program: Services and Payments to Physician Providers....79

33. Characteristics of all Persons Enrolled at Some Time During the Year to Receive Medical Care....80

34. Summary of Selected Program Data, Fiscal Years 1984-1988....81

35. Pharmacy Assistance Program: Enrollment by Residence: Selected Characteristics....88

36. Summary of Selected Pharmacy Assistance Program Data: Fiscal Years 1984-1988....89

APPENDIX: GLOSSARY OF TERMS....90

Introduction

The Maryland Medical Assistance Program, the Pharmacy Assistance Program and the Prenatal Assistance Program provide access to a broad range of health care services for eligible low income Maryland residents. The Medical Assistance Program is operated in accordance with federal and state law and receive funding from both the federal and State governments.

The Medical Assistance Program derives its statutory authority from Title XIX of the Social Security Act and Title 15 of the Health-General Article of the Annotated Code of Maryland. The Program marked its twenty-second full year of operation in fiscal year 1988.

During the year, the Program provided comprehensive health care coverage to a monthly average of 340,267 people, 7.5% of the State's population. Program eligibles received services from approximately 22,000 participating health care providers. Expenditures of just over $1.0 billion were made on behalf of Medical Assistance recipients.

The Pharmacy Assistance Program completed its ninth full year of operation in fiscal year 1988. Established by the General Assembly in 1978 and supported entirely by State funds, this program assists low income individuals who are not eligible for Medical Assistance in paying for prescriptions, insulin and certain medical supplies. Approximately $6.9 million was spent during fiscal year 1988 for an average monthly enrollment of 16,600 persons.

For fiscal year 1988 the provisions of the State's Prenatal Assistance Program were expanded upon by taking advantage of a provision of the Omnibus Budget Reconciliation Act of 1986. One provision of this law enables states to provide Medicaid coverage for pregnant women and children (up to age one) up to 100% of poverty level. All pregnancy related services can be covered for the woman and complete Medicaid coverage is available for the children.

This publication describes the people served, the services provided and the providers reimbursed under the Medical Assistance Program during fiscal year 1988 (July 1, 1987 through June 30, 1988). The narrative section provides information on the Medical Assistance Advisory Committee, enrollment, providers, payments, services, management controls, current trends, and descriptions of the Pharmacy Assistance Program. Following the narrative are statistical tables on enrollment, services and payments during fiscal year 1988.

MEDICAL ASSISTANCE ADVISORY COMMITTEE

The Medical Assistance Advisory Committee is composed of Medical Assistance recipients, consumer representatives and health care providers. The Committee meets at least six times a year to provide information and counsel to the Medical Assistance Program.

In addition to Committee members, meetings are attended by Medical Assistance Program staff members and non-voting representatives from the U.S. Department of Health and Human Services, the Department of Health and Mental Hygiene (DHMH), and the Department of Human Resources (DHR).

Listed below are members of the Medical Assistance Advisory Committee for fiscal year 1988 according to the expiration date of their term of office.

July 1988

Rosemary Atkinson
Ray Brodie Jr.,M.D.
Kathryn Cannan
Phyllis Colson Burley
Dorothy Council
Alvin Diamond
Helen McAllister,M.D.
Dennis Melchor
Diane Pederson
Rev. Richard Reichard
Denise Wheatley Rowe

July 1989

Jack Bovaird
Linda Clark
Jacqueline Fassett
Benjamin Kimbers,D.D.S.
Eileen Leaman
Edward Matricardi
Denise Noll
Michael Rashid

July 1990

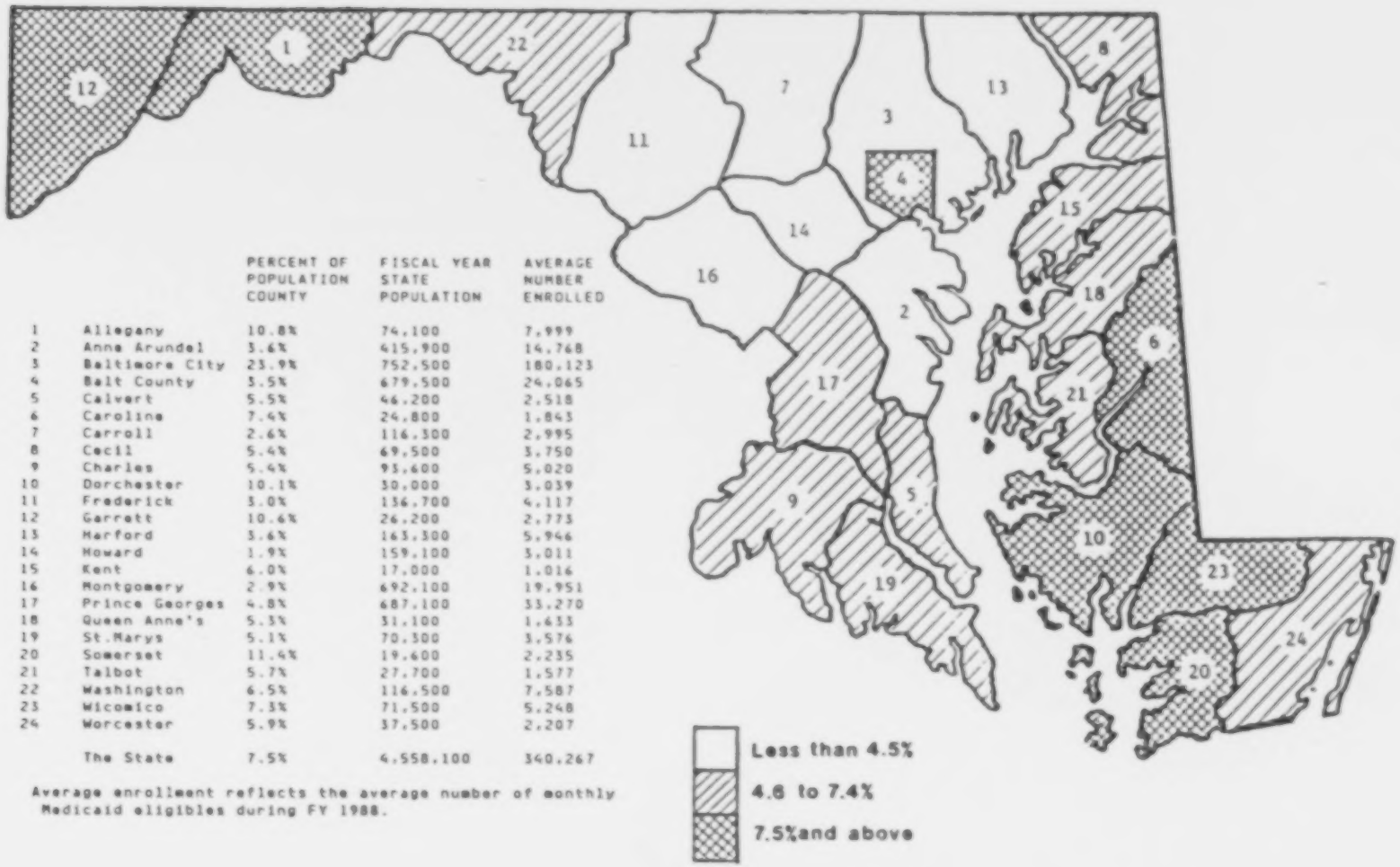
Caren Berry
Jean Dockhorn
Dorothy Egbert
William Hankins
Jacqueline Lynch
Phillip Marsiglia
Ethel Pace
Beverly Paul
Regina Phillips

ENROLLMENT

During fiscal year 1988, the Maryland Medical Assistance Program's average monthly enrollment was 340,267 people, 7.5% of the State's population. Figure 1 displays the average enrollment rate for each jurisdiction in the State. Enrollment rates ranged from 1.9% in Howard County to 23.9% in Baltimore City.

Figure 1

MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT BY POLITICAL SUBDIVISION
Fiscal Year 1988

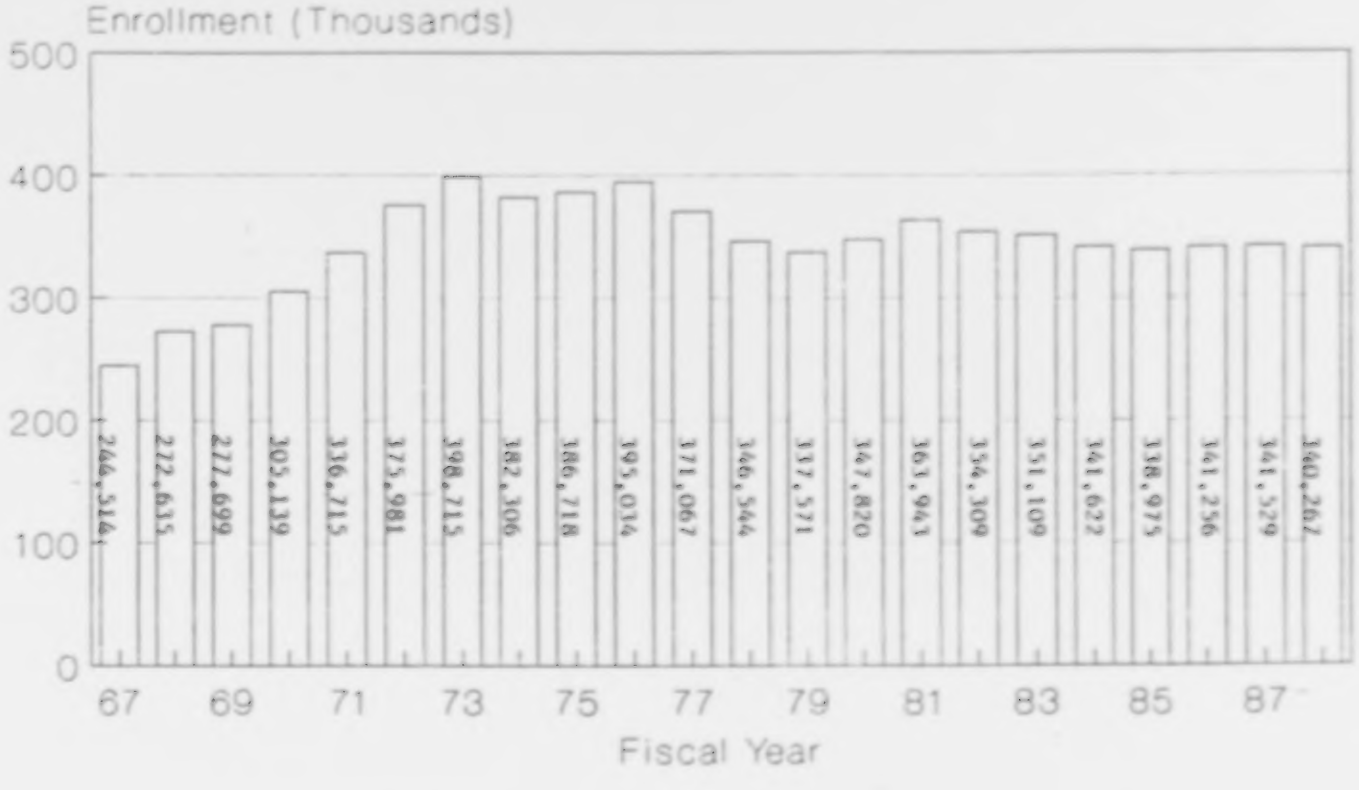


		PERCENT OF POPULATION COUNTY	FISCAL YEAR STATE POPULATION	AVERAGE NUMBER ENROLLED
1	Allegany	10.8%	74,100	7,999
2	Anne Arundel	3.6%	415,900	14,768
3	Baltimore City	23.9%	752,500	180,123
4	Balt County	3.5%	679,500	24,065
5	Calvert	5.5%	46,200	2,518
6	Caroline	7.4%	24,800	1,843
7	Carroll	2.6%	116,300	2,995
8	Cecil	5.4%	69,500	3,750
9	Charles	5.4%	93,600	5,020
10	Dorchester	10.1%	30,000	3,039
11	Frederick	3.0%	136,700	4,117
12	Garrett	10.6%	26,200	2,773
13	Harford	3.6%	163,300	5,946
14	Howard	1.9%	159,100	3,011
15	Kent	6.0%	17,000	1,016
16	Montgomery	2.9%	692,100	19,951
17	Prince Georges	4.8%	687,100	33,270
18	Queen Anne's	5.3%	31,100	1,633
19	St.Marys	5.1%	70,300	3,576
20	Somerset	11.4%	19,600	2,235
21	Talbot	5.7%	27,700	1,577
22	Washington	6.5%	116,500	7,587
23	Wicomico	7.3%	71,500	5,248
24	Worcester	5.9%	37,500	2,207
	The State	7.5%	4,558,100	340,267

Average enrollment reflects the average number of monthly Medicaid eligibles during FY 1988.

Figure 2

MARYLAND MEDICAL ASSISTANCE PROGRAM
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1967 - 1988



Program enrollment increased steadily during the first few years of program operation, peaked in 1973 and then again in 1976. After decreasing rapidly in the late 1970's, it increased again in 1980, then decreased through 1984. Enrollment has remained fairly steady since that time with only minor fluctuations in the average enrolled population. Trends in yearly enrollment are shown on Figure 2.

There are two major categories of enrollees in the Maryland Medical Assistance Program. The Categorically Indigent are Medical Assistance enrollees who are eligible to receive cash payments under the Aid to Families with Dependent Children (AFDC) program, the Supplemental Security Income (SSI) program, or the General Public Assistance (GPA) program. Because AFDC and SSI are federal programs, federal matching funds are available to pay for part of the cost of health care for these recipients. Federal matching funds are not available for services provided to GPA recipients, because GPA is a State assistance program.

Eligibility for SSI is established through the federal Social Security Administration. Eligibility for AFDC and GPA is established through the State's local departments of social services. In fiscal year 1988, 85.6% of all enrollees were Categorically Indigent.

The Medically Indigent are those persons whose incomes and resources are sufficient to meet basic living expenses but are inadequate to meet the cost of necessary health care. To be eligible to receive Medical Assistance benefits, the Medically Indigent must meet the Program's income standards, resource limits, and other eligibility requirements. In fiscal year 1988, 14.2% of all enrollees qualified as Medically Indigent. Federal matching funds are available for services provided to SSI and AFDC-related Medically Indigent recipients (MI-SSI and MI-AFDC).

Medical Assistance eligibility for the Medically Indigent is determined by the local departments of social services according to Maryland Medical Assistance Program's income standards, resource limits, and other eligibility requirements. It is based on the number of persons in the family unit, the family's resources, and its net income (gross income less certain deductions and exclusions). The net income and the resource standards for fiscal year 1988 are indicated below.

Family Size	Net Income Standards	Resource Standards
1	$4,000	$2,500
2	4,500	2,700
3	5,000	2,800
4	5,500	2,900
5	6,000	3,000
6	6,612	3,100
7	7,440	3,200
8	8,172	3,300
9	8,832	3,400
10	9,528	3,500
Each Additional Person	+636	+100

Most persons aged 65 years and older and many blind and disabled persons who are enrolled in the Medical Assistance Program are also entitled to Medicare benefits. For persons enrolled in both Medicare and Medical Assistance, the Medical Assistance Program pays the premiums required for coverage under Medicare Part B and the deductible and coinsurance portions of Medicare claims.

Enrollees who qualify for Medical Assistance in federally-matched categories accounted for 92.4% of total Program enrollment in fiscal year 1988. The remaining 7.6% qualified through 100% State-funded eligibility categories.

PROVIDERS

Over 20,000 health care providers are enrolled in the Medical Assistance Program. The list of enrolled providers includes nearly 900 hospitals (70 in Maryland), about 200 long term care facilities, 4 health maintenance organizations, over 150 home health and medical day care agencies, about 12,000 physicians, physician groups and clinics, 2,000 dentists and dental groups, 3,000 personal care providers, 1,000 pharmacies, and 1,700 special services providers.

Each Medical Assistance enrollee may receive services from participating institutions or providers of his/her choice or may enroll in a health maintenance organization.

INVOICE PROCESSING

Nearly 11.2 million invoices were processed in the year by the Program. About 25% are returned to providers for recipient ineligibility or billing errors. Listed below are the counts of paid claims by service type which were paid during fiscal year 1988.

Number of Paid Claims

Pharmacy	3,560,179
Physician	1,994,316
Hospital Outpatient	771,300
Special Services	611,775
Hospital Inpatient	211,677
Nursing Facilities	206,631
Home Health	185,133
Dental	113,322
TOTAL	7,654,333

The number of invoices processed/paid has increased as a result of Program expansion to include new services and expansion of existing services.

Ninety-five percent of all complete and accurate invoices are paid within 30 days of receipt by the Program. The first two to three weeks are required to process the invoices and prepare vouchers. An additional week is required for submission of vouchers to the State Comptroller's Office for the processing of vouchers and the issuance of payment.

A consolidated Provider Relations Unit for all services other than hospital and nursing facility was established to resolve provider billing problems and to give providers technical assistance and training on proper billing procedures.

PAYMENTS

Total Maryland Medical Assistance Program expenditures in fiscal year 1988 were $1,041,492,321. Approximately 43% of all Program expenditures represented federal funds and 57% were state funds.

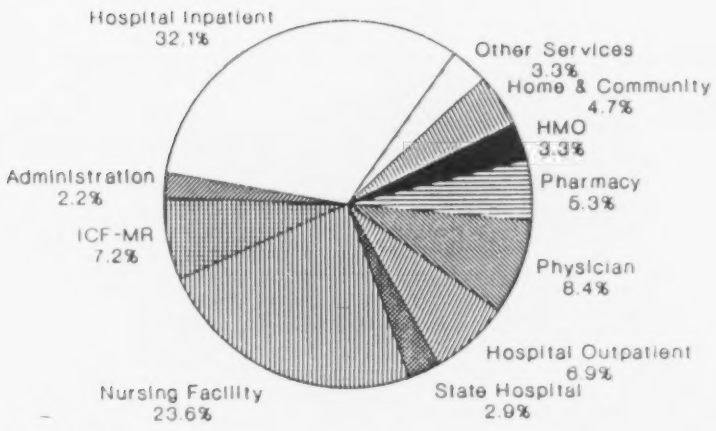
Payments for certain services provided to Medical Assistance recipients are handled administratively and are not included in the source reports used to generate tables for this report. Premiums paid for buy-in of Medicare Part B ($11,607,348) and expenditures for administrative costs for the Program ($22,943,662) are not included in any of the tables shown in this report. Capitation payments for health maintenance organizations ($34,423,535) are shown only for certain tables.

Total Program expenditures including the above mentioned services are shown in Figure 3. Institutional care, including hospital inpatient and outpatient, state hospital and nursing facility, still accounts for about three quarters of Program spending.

Figure 4 compares enrollees and payments by various characteristics. Females made up 62.1% of enrollment and accounted for 62.8% of expenditures. Although white enrollees represented 37.8% of the eligibles, they accounted for 52.0% of total payments in fiscal year 1988. Primarily as a result of elderly white females who have become eligible for Medicaid while residing in nursing homes, expenditures for white females have historically accounted for a high percentage of total payments, making other groups appear under-represented. Comparisons by age show that those under 21 years of age accounted for 50.3% of enrollees but only 20.7% of payments. Enrollees 75 years and older represented only 5.8% of the total eligibles, but accounted for 22.2% of total payments. Analysis by eligibility category shows that AFDC recipients represented 62.5% of all enrollees but accounted for just 22.1% of Program payments. The Medically Indigent aged, blind and disabled eligibles (MI-SSI) accounted for only 6.1% of enrollment, but 32.1% of total Program payments. Clearly, increasing age (over 44) and disability are indicators of higher Program expenditures on a per enrollee basis.

Figure 3

MARYLAND MEDICAL ASSISTANCE PROGRAM
TOTAL PAYMENTS
Fiscal Year 1988

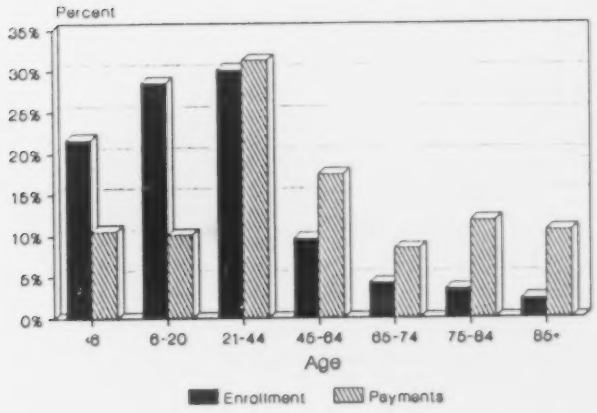


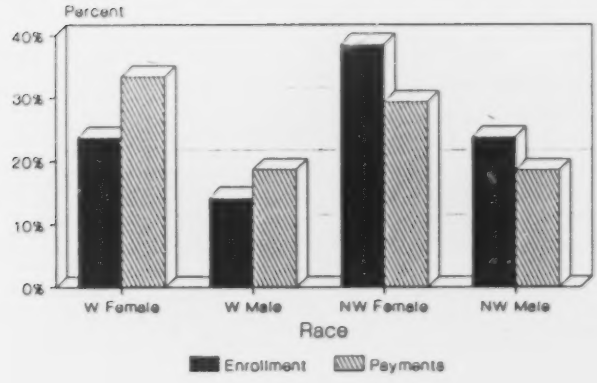
SERVICE	PAYMENTS
Hospital Inpatient	$334,073,754
State Hospital	29,821,269
Nursing Facility	245,938,009
ICF-MR	75,213,195
Hospital Outpatient	72,167,382
Physician	87,708,167
Pharmacy	55,194,978
H M O	34,423,535
Home and Community Health	49,445,738
All Other Services*	34,562,632
Administration	22,943,662
Total	$1,041,492,321

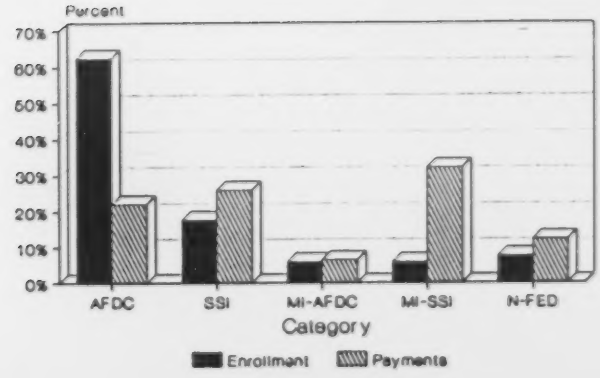
* Includes dental, special services, and premiums paid for buy-in of Medicare Part B.

Figure 4

MARYLAND MEDICAL ASSISTANCE PROGRAM ENROLLMENT & PAYMENTS BY SELECTED CHARACTERISTICS - Fiscal Year 1988







SERVICES

A broad range of services is offered to Maryland Medical Assistance Program enrollees. The Federal government mandates that all state Medicaid programs provide hospital inpatient and outpatient services; physician and nurse-midwife services; laboratory and X-ray services; skilled nursing facility services; home health care for adults; family planning services; early and periodic screening, diagnosis and treatment services for children; transportation services; and, rural health clinic services.

The federal government also participates in funding the following optional services which Maryland provides: long term intermediate nursing care; adult dental care; vision, podiatry and clinic care; pharmacy, medical supplies and equipment; health maintenance organization; medical day care; personal care; services for individuals age 65 and over in institutions for mental diseases; inpatient pyschiatric services for individuals under age 21; intermediate care facilities for the mentally retarded; and other treatment services. A more detailed description of these services follows including a discussion of recent changes in the provision of services.

HOSPITAL SERVICES

Fiscal year 1988 was the eleventh year of the "Medicare Waiver" under which the Maryland Medical Assistance Program, Medicare, and other payers reimburse Maryland hospitals according to rates approved by the Maryland Health Services Cost Review Commission. These rates are prospectively determined and are constructed so that the Program assumes a portion of each participating hospital's bad debt based on its Medicaid inpatient utilization. The Program participates in this system by means of a waiver granted by the federal Health Care Financing Administration. The waiver has been renewed on the condition that the State meet certain criteria, the most important of which is that the State reimburse hospitals a lesser amount under the experiment than it would reimburse using Medicare's reimbursement system.

In fiscal year 1988, access to care was expanded with the addition of several hospitals as trauma centers and as organ transplant centers.

During fiscal year 1988, payments were made for approximately 671,000 days of hospital inpatient care at a cost to the Program of $334.1 million. The average cost per day of $577.60 was 16.9% higher than the fiscal year 1987 cost of $494.14. Payments to state chronic and mental hospitals totaled $29.8 million for roughly 163,000 days of care. (See Tables 18 and 25 for detailed information on all hospital inpatient payments.) The Program paid $72.2 million for approximately 268,000 hospital outpatient visits and 209,000 emergency room visits in fiscal year 1988. The average payment of $144.15 per visit was 8.3% higher than the fiscal year 1987 average of $133.14 per visit. (See Tables 20 and 27 for detailed information.)

RESIDENTIAL TREATMENT CENTERS

Regulations were approved on July 1, 1986, allowing payment for inpatient care of patients under twenty-one years of age in qualified residential treatment centers (RTC) and psychiatric hospitals. Five RTCs, two private and three state-operated, are enrolled in the Program.

These facilities provide room and board in a structured atmosphere. They conduct classes in a number of subjects and provide counseling services to emotionally disturbed adolescents. The average cost per day in the two private facilities was $95.20 in fiscal year 1988. and $225.84 per day in the state facilities.

NURSING FACILITY SERVICES

Nursing facility services are covered for medically and financially eligible recipients. A recipient must by certified by the Program's Utilization Control Agent as requiring either an intermediate or skilled level of nursing care. Services are available in 204 nursing facilities statewide. Rates in these facilities are set by the Program using a system implemented in fiscal year 1983. Six hospital-based facilities whose rates were set by the Health Services Cost Review Commission, have been phased into the free-standing reimbursement system, as a result of legislation enacted by the General Assembly during the 1985 session.

Under the reimbursement methodology for free-standing nursing facilities, separate reimbursement rates are set for four cost centers and are based on the size, geographic location, and expenditures of each nursing facility. These cost centers are: administrative/routine services; nursing services; other patient care; and capital costs. Payment for nursing services is based on the level of care required by each patient. In addition, as of July 1, 1986, facilities may elect to design Behavior Management Programs to enhance staff skills in providing services to behavior problem patients, the cost of which may be reimbursed in a separate, fifth, cost center.

The Program paid $245.9 million for 5.6 million days of nursing facility care in fiscal year 1988 compared to $221.0 million for 5.4 million days of care in fiscal year 1987. The average cost per patient day in fiscal year 1988 was $43.93, 6.6% higher than the fiscal year 1987 average of $41.21. Payment from patients' own resources in fiscal year 1988 accounted for an average of $12.53 per day, 3.8% higher than the average of $12.07 in fiscal year 1987. (See Tables 19 and 26 for detailed information.)

In addition to nursing facility services, the Program also paid $75.2 million for 500,000 days in State Intermediate Care Facilities for the Mentally Retarded (ICF-MR). Average cost in these facilities was $150.59 per day, 16.1% higher than the average cost of $129.68 in fiscal year 1987.

PHYSICIAN SERVICES

Physician services covered by the Maryland Medical Assistance Program are divided into two major categories: services rendered in the office, nursing home, home or free-standing clinic; and services rendered in the hospital.

During fiscal year 1988, the Program initiated the requirement of a signed contract between each physician provider and the State.

In fiscal year 1988, the Program paid a total of $87.7 million for services rendered under the physicians program, 29.0% greater than fiscal year 1987 payments. The Program spent $47.7 million for physician home and office care in fiscal year 1988 compared to $36.2 million in fiscal year 1987. The cost per office visit, including ancillary services and Medicare deductible and coinsurance and not including free-standing clinic costs, went up 8.6% from $31.95 in fiscal year 1987 to $34.69 in fiscal year 1988. Payments for physician services provided in the hospital increased 26.1% from $31.9 million in fiscal year 1987 to $40.2 million in fiscal year 1988. (See Tables 21 and 22 for detailed information.)

FREE-STANDING CLINIC SERVICES

The Program reimburses eleven different kinds of free-standing clinics. These include: children and youth, local health, family planning, refugee, rural health, abortion, mental health outpatient, mental health rehabilitation, drug abuse (methadone maintenance), free-standing hospital clinics, and community health centers. In fiscal year 1988, payments to free-standing clinic providers totaled $17.9 million, an increase of 52.0% over the $11.8 million in fiscal year 1987.

Increases in total reimbursements to free-standing clinics over the past three years are largely attributable to the initiation of coverage of mental health rehabilitation clinics, an important component of the State's effort to move patients out of State psychiatric hospitals.

FREE STANDING DIALYSIS FACILITIES

The Medical Assistance Program initiated direct payment to free-standing dialysis facilities on August 12, 1985. Prior to that date, the Medical Assistance Program reimbursed the Maryland Kidney Disease Program (KDP) for payments they made to dialysis facilities. Medicaid assumed direct payment in order to comply with federal regulation.

An individual is eligible for Medicare in the third month after chronic dialysis is started. Medical Assistance reimburses for dialysis that is provided during this waiting period and also pays the Medicaid recipients' co-insurance and deductible after they become eligible for Medicare benefits. Payment rates to dialysis centers are established by Medicare.

There were thirty-eight freestanding dialysis providers enrolled during fiscal year 1988. Total payments made to dialysis facilities were $1,680,322, representing a 135% increase in total payments over fiscal year 1987.

NURSE-MIDWIFE SERVICES

Since January 1983, the Program has reimbursed independently practicing, certified nurse-midwives who provide care for uncomplicated pregnancies and who have agreements with physicians to assume care for cases in which complications develop. The number of nurse-midwives approved to participate as Medicaid providers numbered 17 as of June 30, 1988. In fiscal year 1988, the Program paid $34,856 to nurse-midwife providers for 12 hospital deliveries, 13 birthing center deliveries, and 251 maternity related visits. No home deliveries were billed to the Program during fiscal year 1988.

During fiscal year 1988, a number of changes to the nurse-midwife services regulations were proposed, and were approved with effective dates during July of 1988. One group of changes allows nurse-midwives to be reimbursed for laboratory services and to be reimbursed for venipuncture as a separate service. Another change requires birthing centers to comply with recently enacted licensing regulations. Finally, the maximum reimbursements to nurse-midwives for antepartum visits, postpartum visits, family planning visits, and deliveries were increased to match similar increases for physicians.

PHARMACY SERVICES

Maryland Medical Assistance recipients may obtain prescription drugs and certain other items such as insulin, hypodermic syringes and needles, family planning products, and specially formulated nutritional preparations when prescribed by an authorized prescriber. In October 1987, the Program limited the amount to be dispensed at one time on a prescription to a less than 34 day supply. Exempted is maintenance medication for certain chronic therapies which may be dispensed in up to a 100 day supply.

The Program maintains a computer data base listing all covered drug products which is continuously updated. The Program sets maximum reimbursement levels for certain approved interchangeable multiple source drugs at the lowest available generic price. A list of these products, the Interchangeable Drug Cost (IDC) List, is updated and published periodically. The price limitations for these products are continuously adjusted to reflect current market prices.

The Program also maintains and publishes a list of drug products for which the Health Care Financing Administration has set maximum reimbursement rates and a list of highly utilized products usually bought directly from manufacturers and/or in larger than minimum package size, for which the Program sets maximum reimbursement. The Program also publishes a list of drug products that have been

determined by the Federal Food and Drug Administration to be ineffective and hence not reimbursed under Medicaid.

The Program initiated an ongoing Drug Utilization Review program in September 1986. This is a computer based, therapeutically oriented review program designed to identify drug use characteristics that can cause drug induced illness.

The Medical Assistance Program paid $55.2 million for 3.2 million prescriptions in fiscal year 1988, an average of $16.95 per prescription. This was an increase of 5.1% over the $16.13 average cost per prescription in fiscal year 1987 (See Table 23 for detailed information). The prescription dispensing fee during fiscal year 1988 was increased from $3.45 to $3.70 with an additional $.07 for each claim submitted by tape.

HEALTH MAINTENANCE ORGANIZATION SERVICES

The potential for cost savings through prepaid managed health care has been known for many years. Health Maintenance Organization (HMO) services have been an important part of the system of care for Medicaid beneficiaries since Maryland committed to prepayment in 1975. Enrollment is voluntary and members have the right to disenroll without cause. While enrolled they agree to obtain all of their medical services covered by the Program from the Health Maintenance Organization. During fiscal year 1988 four HMOs were under contract with the Program: The Johns Hopkins Health Plan, the Chesapeake Health Plan, West Baltimore Community Health Center, and Care First. Each participating HMO agrees to provide complete health care for its enrollees, including physician, inpatient, laboratory, x-ray, pharmacy, dental, home health and emergency services, in exchange for a fixed monthly fee. The HMO program emphasizes preventive health care, accessibility and continuity of care, in contrast to episodic care traditionally received in some other settings.

HMO services were available at 21 primary care site locations in Baltimore City and at one site in Anne Arundel County. Some of the beneficiaries enrolling in Johns Hopkins and Chesapeake Health Plans had the option to select a guaranteed eligibility period of twelve months, if they agreed not to withdraw without cause, under a special federal demonstration project. Certain enrollees of the West Baltimore HMO were also eligible for a guaranteed enrollment period of six months under a special State program. In both projects extended eligibility is being studied as an inducement to HMO enrollment.

The Program paid $34,423,535 (37% higher than in the preceding fiscal year) in capitation payments to HMOs at an average monthly cost of $92.30 per enrollee. The average enrolled population of 31,078 represented a 26% increase over the previous year. HMO enrollees in Baltimore City represented 18% of the Medicaid eligibles in Baltimore City.

DENTAL SERVICES

Comprehensive dental services, including orthodontics, are covered for all Medical Assistance recipients under twenty-one years of age (See EPSDT Program). Recipients who are twenty-one years of age or older are eligible to receive services for the treatment of dental emergencies (pain, infection, hemorrhage, traumatic injury) and other specified services. Certain dental procedures require preauthorization.

In fiscal year 1988, the dental program spent $3.8 million to provide services to nearly 64,000 Medical Assistance recipients. (See Table 29 for detailed information).

HOME HEALTH SERVICES

Home health services are rendered by qualified home health agencies. Reimbursable services provided by these agencies include skilled nursing services, home health aide services, physical therapy, occupational therapy, and speech pathology. Recipients of home health services must be certified as homebound by their attending physicians who order the type, frequency and duration of services to be provided. Services are covered only if they are necessary on a part time, intermittent basis.

Home Health Agencies were paid $4.4 million for services provided to 3897 recipients, an average of $1140 per recipient.

MEDICAL DAY CARE

Medical day care services are provided to recipients whose physicians order the care and who are certified by the Program's utilization control agent as requiring at least intermediate level nursing care. Medical day care recipients are transported to licensed adult day care centers where nursing and social work services, personal care, nutrition services, habilitation therapies and activities are provided on an outpatient basis for up to five days a week. In fiscal year 1988, there were 63 medical day care centers serving Maryland Medical Assistance recipients in seventeen counties, Baltimore City, and Washington D.C.

Medical day care providers were reimbursed a total of $7.0 million for rendering 202,590 days of care to 1557 recipients. The Program paid an average of $34.75 per day and an average of $4522 per recipient.

PERSONAL CARE SERVICES

The Program reimburses for personal care services provided to chronically ill or disabled recipients who are under the care of a physician and require assistance at home with activities of daily living. Services may be performed by a friend of the recipient and are

monitored by a registered nurse. The objectives of the program are to prevent patient deterioration, to delay institutionalization, and to prevent inappropriate institutionalization.

Personal care services are provided in accordance with the needs of each patient. Generally, the services may include: basic assistance with dressing, grooming, toileting, self-administered medications, food, nutrition, and diet; assistance with transfer and ambulation; escort to medical services; and performance of incidental household services essential to the patient's health. Personal care does not cover home delivered meals, skilled services, nor services primarily for housekeeping.

Total payments for personal care services in fiscal year 1988 were $10.4 million for 740,271 services provided to 4626 recipients. This represents an average payment of $2248 per recipient per year.

HOME AND COMMUNITY-BASED SERVICES WAIVER FOR DEVELOPMENTALLY DISABLED INDIVIDUALS

In fiscal year 1988, the Medical Assistance Program, in cooperation with the Developmental Disabilities Administration, continued Maryland's deinstitutionalization program for eligible developmentally disabled individuals. This endeavor is made possible by the federal government's waiving of certain regulations which allows the State of Maryland to use federal funds to pay for community-based services in place of institutional services for those eligible persons whose needs could be more appropriately served in a community setting.

Only Medical Assistance recipients who are residents of one of Maryland's eight State Residential Centers and who have undergone a comprehensive evaluation certifying their need for ICF/MR level of care are eligible for placement in the waiver.

The Maryland Home and Community-Based Services Waiver includes the basic service components of service coordination, residential habilitation and day habilitation.

At the end of the fourth year of Maryland's original waiver, the State had served approximately 718 eligible developmentally disabled Medicaid recipients, who were former residents of State Residential Centers, in more appropriate, private, and less restrictive community settings around the State. The current waiver program, which is effective until March 31, 1992, enables the State to serve an additional 600 eligible persons.

Expenditures for the Home and Community-Based Waiver for the Developmentally Disabled were $24.2 million during fiscal year 1988.

MODEL HOME AND COMMUNITY-BASED SERVICES WAIVER

Effective January 1, 1985, the State of Maryland received federal approval for a Model Home and Community-Based Services Waiver. This waiver of federal regulations, which was extended for five years effective January 1, 1988, is designed to provide services at home to a group of chronically disabled children numbering no more than 50 at any one time. These children require at least one of the Model Waiver service components: case management, private duty nursing, or medical supplies and equipment beyond the scope of the Medicaid State Plan. Entitlement to services is limited to those individuals for whom the cost of Medicaid reimbursed institutional long term care would exceed the cost of home and community-based services.

At the end of the third year of the Model Waiver program the State had served 68 individuals. Expenditures for recipients under the Model Waiver were $2.1 million in fiscal year 1988.

HOME AND COMMUNITY-BASED SERVICES WAIVER FOR TECHNOLOGY-ASSISTED CHILDREN

The federal government approved the State of Maryland's request for another home and community-based services waiver effective January 1, 1988. This waiver's objective is to provide for medically appropriate and cost effective home and community-based care to an individual younger than 22 years of age who requires and would otherwise be institutionalized if not provided with a medical device and substantial and ongoing care by a nurse. It is estimated this waiver will serve a maximum of 150 individuals at any one time for a period of three years.

Under the authority of this waiver, children requiring hospital level of care, SNF level of care provided in a hospital, or ICF level of care provided in a hospital, and dependent on medical technology not generally available outside of an institutional setting will be discharged to a medically stable home environment with a reduced risk of re-institutionalization and at a substantially reduced cost of care. Entitlement is limited to those individuals for whom the cost of Medicaid reimbursed institutional care would exceed the cost of home and community-based services.

Expenditures for recipients under the Home and Community-Based Services Waiver for Technology-Assisted Children were $1.2 million for fiscal year 1988.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program covers comprehensive health care services which are

designed to detect physical and mental problems and provide necessary follow-up care to Medical Assistance recipients under 21 years of age. Federal regulations require the Program to assure the availability and delivery of EPSDT services within a specified period of time to all eligible recipients who request them. Screening services, which are provided by twenty-one local health departments, three health maintenance organizations, four children and youth clinics, ten community health centers, and other approved providers may include: a physical examination; laboratory tests; immunizations; hearing, vision, developmental, speech and language screening; a dental checkup; and various other screening procedures. Diagnostic and treatment services may be delivered by the screening provider or by another health care provider who participates in the Maryland Medical Assistance Program.

In addition to the provision of EPSDT screening and treatment services, EPSDT federal regulations mandate that certain administrative services be performed, such as outreach and case management, to ensure all eligibles are informed about EPSDT as well as receive assistance in obtaining the necessary services. In 1985, new federal EPSDT regulations allowed states the flexibility to develop innovative outreach and case management activities in order to respond to the special needs of their eligibles. Each local health department identified their high risk health groups for intensive targeted outreach and case management efforts. During fiscal year 1988, 8,036 individuals received case management services and 93,364 individuals were outreached about the availability of EPSDT services.

The Program paid for 39,837 screenings in fiscal year 1988. Total EPSDT payments were $1.5 million.

DISPOSABLE MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT

The Program pays for the purchase of certain disposable medical supplies, burn garments, prosthetic devices (eye, breast, limbs), individually form-fitted support stockings, and the rental, purchase or repair of durable medical equipment. Preauthorization must be obtained for most disposable medical supplies or durable medical equipment costing more than $60 or renting for more than $15 per month. Effective May 30, 1988, the cost limits, above which preauthorization is required, were increased as follows: for disposable supplies, from $60 to $100; for purchase of equipment, from $60 to $200; for rental of equipment, from $15 to $25 per month. All covered support stockings, incontinency pants, disposable underpads, and medical equipment and accessories not specifically listed on the Program's fee schedule, and equipment repairs require preauthorization regardless of cost. A completely revised Provider Fee Schedule became effective July 1, 1988.

MEDICAL LABORATORY SERVICES

The Program reimburses independent laboratories, portable X-ray services, and other diagnostic services for procedures ordered by a

physician, podiatrist, or dentist. Although the reimbursement fees are established by the laboratory program, laboratory services rendered by the physicians or podiatrists in their own offices for their own patients are reimbursed through the physician or podiatry program.

In fiscal year 1988, the Program paid $3.9 million to medical laboratory providers.

OXYGEN AND RELATED RESPIRATORY EQUIPMENT

The program pays for continuous gaseous and liquid oxygen systems, oxygen concentrators, and related respiratory equipment in a patient's home or a nursing home. Certain tracheostomy equipment is also included. Coverage for nasal continuous positive airway pressure (NCPAP) systems was added effective May 2, 1988. All of these items must be preauthorized.

AMBULANCE AND WHEELCHAIR VAN SERVICES

The Program covers non-emergency trips to or from hospitals by ambulance or wheelchair van. The hospital or nursing home arranges for the transport, and obtains preauthorization when necessary.

GENERAL TRANSPORTATION SERVICES

The program covers transportation to or from medically necessary covered services, except transportation to or from hospitals by ambulance or wheelchair van. Providers who own or lease their vehicles are paid at a rate per mile based on a Statewide average. Providers of purchased transportation, such as bus or taxi, are reimbursed for the actual cost of the transportation. Certain transportation services must be preauthorized. Providers include community groups, local health departments, hospitals and several private for-profit providers.

Total payments for general transportation services were $4.5 million during fiscal year 1988.

VISION CARE SERVICES

Examinations and eyeglass services rendered by optometrists and opticians are covered for recipients of all ages. Persons under the age of 21 are entitled to one eye examination, for the purpose of prescribing eyeglasses, and eyeglasses once every year under the EPSDT Program. Persons 21 and over are entitled to these services once every two years. Ophthalmologists are reimbursed through the physicians program. Other diagnostic and treatment services are also provided. Providers must obtain preauthorization for vision care services not covered under the Medicare program.

PHYSICAL THERAPY

The Program covers medically necessary physical therapy treatment which has been ordered in writing by a physician, dentist or podiatrist. The treatment must be performed in the physical therapist's office, the patient's home or a domiciliary level facility by a registered or licensed physical therapist (PT) or physical therapy assistant under the direct supervision of the PT. Treatment must be preauthorized if in excess of 60 days after the first treatment.

PODIATRY SERVICES

The program covers medically necessary services other than routine care. Routine care is covered for patients with diabetes or a vascular disease affecting the lower extremeties.

THE STATEWIDE EVALUATION AND PLANNING SERVICE

Statewide Evaluation and Planning Services (STEPS) is a statewide, long term care evaluation program for which Medical Assistance reimburses providers for completed evaluations. STEPS began in fiscal year 1987 as an Interagency on Aging Committee (IAC) initiative. The IAC is composed of the Secretary of the Department of Health and Mental Hygiene, the Secretary of the Department of Human Resources, and the Director of the Maryland Office on Aging. One of the goals of the IAC was to reduce the duplication of effort made by these three State agencies in the area of information gathering on health impaired elderly clients.

As a result, a comprehensive evaluation tool was developed that could meet the requirements of STEPS, Geriatric Evaluation Services and Gateway II. The comprehensive evaluation includes medical, psycho-social and functional assessments, and the development of an appropriate plan of care.

By targeting those persons who are most likely to enter a nursing home and informing them of community-based alternatives, the STEPS comprehensive evaluation and plan of care aids in the prevention of unnecessary institutionalization or delays inappropriate institutionalization. The Program pays for STEPS evaluations only for those persons who are at risk of nursing home placement due to medical problems consistent with intermediate or skilled levels of care, and are Medical Assistance recipients or projected to be Medicaid eligible within 180 days of nursing home admission.

In fiscal year 1988, STEPS providers were paid $135 for each completed evaluation, including a plan of care. During this period, 6,971 STEPS evaluations were completed. The cost to Medical Assistance during fiscal year 1988 was $941,085.

STEPS case management may be provided for Medical Assistance recipients who have received a STEPS evaluation. STEPS case

management is reimbursed at a rate of $90 for the initial 60 days and $15 for each succeeding month that case management is provided. In FY 1988, 1,227 claims for STEPS case management were submitted, totalling $78,705.

PREGNANT WOMEN AND CHILDREN'S PROGRAM

The Omnibus Reconciliation Act of 1986 and 1987 allow states to provide medical services through their Medicaid programs to indigent pregnant women and children. Maryland opted to expand its program to include services for this population.

The Pregnant Women and Children's (PWC) program, implemented in July 1987, provides full Medical Assistance benefits to pregnant women and children up to one year of age (two years old beginning July 1, 1988) who live below the federal poverty level but are ineligible for other categories of Medical Assistance.

To meet the objective of delivering early prenatal care to eligible women, federal law allows for a 45 day presumptive (i.e. immediate but temporary) eligibility period for pregnant women. During this time, upon completing a simple 1-page application, a pregnant woman may receive temporary Medicaid benefits for ambulatory prenatal care while the formal eligibility determination is made. Local health departments and community health centers are responsible for the presumptive eligibility determination.

Once a woman is formally determined eligible, she receives full Medical Assistance benefits, including delivery and inpatient hospitalization coverage, until 60 days after delivery. Babies born to PWC enrollees automatically receive full Medical Assistance benefits to 60 days from date of birth. The parents may then apply for continued benefits for their child. In addition to these babies, any child meeting eligibility requirements may receive benefits through two years of age. During the first year of operation, fiscal year 1988, the Program provided presumptive eligibility ambulatory care benefits to 7,906 pregnant women and full Medical Assistance benefits to 6,160 pregnant women and 2,790 children. Many infants born to women on the program continue to receive Medical Assistance benefits but are not counted under the PWC Program. This results when a pregnant woman on PWC begins receiving AFDC in the third trimester. She converts to a different Medical Assistance category and her baby, from birth, receives Medical Assistance under AFDC.

Pregnant Women and Children's program expenditures for fiscal year 1988 total $7.8 million for pregnant women and $3.2 million for children.

PROGRAM CONTROLS

MEDICAID QUALITY CONTROL

The primary objective of Medicaid Quality Control (MQC) is to measure, identify and substantially reduce or eliminate the frequency and cost of eligibility and claim's processing errors. A random sample of approximately two hundred Aid to Families with Dependent Children (AFDC) cases and fifty Medicaid Only (MAO) cases are pulled each month for the State's review and specific error examination. The full sample is reported to the Health Care Financing Administration (HCFA) for a federal re-review. From these reviews and examinations, corrective action initiatives are planned and implemented to reduce the possibility of recurring error types and high payment error rate.

RECOVERIES

The Maryland Medical Assistance Program operates a third party liability program to discover other sources of payment for Medical Assistance recipients' health care and to recover money spent on behalf of recipients from sources allowed by federal or state law. These sources include health insurance, tort liability (automobile, personal injury settlements,and assaults), worker's compensation, estates, paternity/child support, provider refunds, recipient fraud, medical malpractice and lead paint poisoning, and the breach of public charge bonds required by the U.S. Immigration and Naturalization Service.

During fiscal year 1988, collections were $9,321,126. An additional savings of $51,365,252 resulted from cost avoidance activities composed of Medicare Part B collections and accession of health insurance benefits by providers.

PREAUTHORIZATION

An important cost control measure is the preauthorization of many services by the Program or its agent before reimbursement is made. All non-emergency inpatient hospital services are preauthorized by the Program's Utilization Control Agent. Designated organ transplants, cosmetic or obesity surgery, durable medical equipment costing more than $200 and medical supplies and designated maintenance prescription drugs costing more than $100.00 require preauthorization. In addition, certain or all of the services in the dental, vision care, oxygen, hearing aid, podiatry, physical therapy, ambulance and wheelchair van and general transportation programs must be preauthorized before being submitted by the provider.

FRAUD INVESTIGATIONS

The Program investigates cases of suspected fraud by Medicaid recipients. Recipient fraud may result from the failure to report income or resources, the use of Medicaid cards by ineligible persons, or the forging of prescriptions. Referrals of possible fraud come from

providers, local departments of social services, police, and citizens. Detection of possible fraud also results from internal reviews.

The Program also provides logistical support in supplying invoices and other data to the Medicaid Fraud Control Unit in the Office of the Attorney General, which has responsibility for the investigation of alleged provider fraud.

During fiscal year 1988, policy and procedural changes made in fiscal year 1987 made a substantial impact on the program's investigations. As a result, recoveries exceeded the $300,000 mark for the first time and controllable costs of operations decreased significantly.

Summary of FY 88 Operation

Completed investigation	712
Referrals to State's Attorneys	147
Successful prosecutions	137
Cases pending with the State's Attorneys Office	13
Cases pending at end of FY 1988	257
Recoveries	$342,202

ABUSE INVESTIGATIONS

The Medical Assistance program investigates cases of possible abuse by providers. A 100% prepayment review of hospital inpatient invoices is conducted to validate the utilization control agent's approval of admissions and lengths of stay. Treatments and procedures are reviewed to determine if the services are covered by the Program and if the treatments are appropriate for the diagnosis. Provider-specific review is conducted on the basis of computer generated exception reports. If abuse is suspected, all invoices from the provider are reviewed and medical records are requested and reviewed. If abuse is confirmed, the case is fully developed and administrative action, including recovery of funds and imposition of sanctions, may be taken. Additionally, the case may be referred to the provider's peer review group or to the Commission on Medical Discipline. If fraudulent activities are suspected, the provider is referred to the Medicaid Fraud Control Unit in the Attorney General's Office for an investigation and possible prosecution. Explanations of Medical Benefits (EOMB) are sent monthly to approximately 800 recipients to verify that the services paid for by the Program for the recipient have been received. The EOMB lists the services for the recipient in the preceding month and requests confirmation that the services were received. If the recipient denies receiving the service, the provider is questioned concerning the service. Payment is recovered for undocumented services.

PRIMARY CARE MANAGEMENT PROGRAM

The Maryland Medical Assistance Program investigates cases of inappropriate utilization of Medical Assistance benefits by Medicaid

recipients. Recipient misutilization may result when a recipient uses an inappropriate type of provider for care, uses an appropriate provider in an inappropriate manner or at inappropriate frequencies, or uses emergency rooms or specialty clinics for primary care.

Computer-generated reports are used to identify recipients with payment histories suggesting misuse. These recipients are interviewed and counseled. If abuse is found the recipient is restricted to using one primary provider for a six-month period. Continued misuse can result in an additional one year restriction. Regulatory amendments were proposed which would extend the period of initial enrollment to twelve months for first time misuse and twenty-four months for continued misuse. In addition, these amendments would eliminate the monitoring period which had not proven effective as a long-term behavior modification device. These changes will impact on the speed of enrollment, the number of recipients enrolled at any given time, and the level of imputed savings for fiscal year 1989. (Imputed savings are calculated by comparing costs before recipients are enrolled in the program versus costs during enrollment). Most importantly, the extended enrollment period of managed care for each recipient will maximize the opportunity to establish health promoting patterns of utilization of services.

The Program continues to refine and improve its operations. As a result of changes implemented in fiscal year 1988, imputed savings nearly doubled last year's, exceeding the $700,000 mark for the first time.

Summary of FY 88 Operations

Cases Reviewed	966
Restrictions Initiated	399
Total Restricted Enrollment	577
Imputed Savings	$735,005

PHYSICIAN REFERRAL SERVICE

In July 1984, the Program implemented a toll-free telephone Physician Referral Service to help recipients find HMOs and physicians in their neighborhoods who are willing to accept Medicaid patients. The objective of the referral service is to divert Medicaid recipients from the hospital emergency rooms and outpatient clinics that many rely upon as a source of primary care.

Initially, the Program conducted surveys to establish which physician providers were interested in enlarging their Medicaid office practice. Those who wished to receive referrals were asked to provide their names, office addresses and phone numbers. Over 1,300 practice locations are in a special computer file that enables a Program telephone operator to identify the physicians in a given ZIP Code, and by physician specialty within a ZIP Code, in response to a request from a Medicaid recipient.

In fiscal year 1988, 3836 physician referrals were provided in response to recipient calls. In four years of operation, the referral service has provided nearly 14,000 referrals. In some cases recipients requested the name of a pediatrician or gynecologist as well as a general practitioner. One or more referrals have been made to almost every practice locations on file, with several physicians receiving over 100 referrals since inception of the Program.

Medicaid recipients were initially notified of the Physician Referral Service by means of a general mailing. Reminders are sent periodically, and other forms of notification will be on-going, to assure that recipients remain aware of the availability of this service.

MEDICAID MANAGEMENT INFORMATION SYSTEM

The Maryland Medical Care Programs' Medicaid Management Information System (MMIS) was approved for certification as of March 31, 1985, having met all of the objectives and requirements set forth in the Department of Health and Human Services' Health Care Financing Administration's (HCFA) general system design. The conceptual design of MMIS includes six subsystems: recipient, provider, claims processing, reference file, surveillance and utilization review, and management and administration reporting. The first four subsystems work together with the overall objective of processing and paying each eligible provider for every valid claim. The other two subsystems consolidate and organize data necessary for managing and controlling the Medicaid program. During the year the Program implemented several federally mandated changes involving the addition of new procedure codes and the use of new invoice forms for certain services.

STATE FUNDED PROGRAMS

THE PRENATAL ASSISTANCE PROGRAM

During fiscal year 1987, DHMH established a program to provide medical care coverage to pregnant teenagers below the poverty level. The Prenatal Assistance Program (PAP) is a limited health insurance program which provides prenatal, delivery, and postpartum care to low income pregnant women under 21 years of age and preventive health care to their infants under 3 months of age.

Administered through the local health departments, and community health centers, special case coordinators assist and counsel the young women enrolled, arranging for receipt of appropriate services. A primary function of the program is to assure prenatal care coverage to young women who lack medical coverage. Many of these women would normally become Medicaid eligible only at the time of delivery. PAP allows for the receipt of early prenatal care for pregnant adolescents, a medically high risk group.

During fiscal year 1988, the program enrolled approximately 1,250 young women. About 21% became Medicaid eligible during the year. Expenditures under PAP were $1.2 million.

At the beginning of fiscal year 1988, PAP's provisions were expanded upon by the State's creation of the Pregnant Women and Children's (PWC) Program. Taking advantage of a provision of the Omnibus Budget Reconciliation Act of 1986, enacted by Congress in the Fall of 1986, Maryland established a new category of Medicaid coverage for pregnant women and children (up to age one) up to 100% of poverty level. All pregnancy related services can be covered for the woman, and complete Medicaid coverage is available for the children. Beginning July 1, 1988, coverage for children under PWC was extended to the second birthday.

The PWC program has enrolled many PAP and would-be PAP eligibles, thereby reducing State-only expenditures for the under 21 pregnant population.

MARYLAND PHARMACY ASSISTANCE PROGRAM

The Maryland Pharmacy Assistance Program (MPAP) was established by legislation passed in the 1978 session of the Maryland General Assembly and was implemented on January 22, 1979. The purpose of this 100% State funded program is to provide help to Maryland residents who are not eligible for participation in the Medical Assistance Program (MAP), but who need help paying for prescription drugs. The MPAP pays for drugs requiring a prescription by law, Schedule V cough preparations, prescribed insulin, insulin syringes and needles, contraceptives, certain formulated nutritional preparations when prescribed by a physician, and Enteric-Coated aspirin for arthritis. Under this program, each recipient must pay $1.00 for each prescription and each refill, and the State pays the rest.

Eligibility for the Maryland Pharmacy Assistance Program is based on the financial resources available to the family unit. A 1985 amendment to the original legislation allows the program to increase the maximum gross allowable income standards annually at the time Social Security benefits are increased, by the larger of either any Social Security cost-of-living percentage increase, not to exceed 8%, or the dollar amount which the Medical Assistance income standards are increased by the State. During fiscal year 1988, asset standards for the Maryland Pharmacy Assistance Program were increased to 1.5 times the resource standards for the Maryland Medical Assistance Program. The chart on the following page shows the gross allowable income and asset standards effective during fiscal year 1988.

MPAP INCOME AND ASSET STANDARDS

Number of Persons in Household	Maximum Gross Allowable Income July 1, 1987	December 1, 1987	Maximum Total Allowable Assets
1	$6,100	$6,400	$3,750
2	$6,700	$7,000	$4,275
3	$7,300	$7,650	$4,425
4	$7,900	$8,250	$4,575
5	$8,450	$8,850	$4,725
6	$9,100	$9,500	$4,875
7	$9,750	$10,200	$5,025
8	$10,550	$11,000	$5,175
9	$11,250	$11,750	$5,325
10	$11,950	$12,500	$5,475
Each Additional Person	$600	$700	$150

In fiscal year 1988, there was an average enrollment of 16,659 per month. Table 35 describes the average program enrollment by residence and selected demographic characteristics. The program paid $6,905,420 for 370,065 prescriptions, an average of $18.66 per prescription. Table 36 is a summary of the maximum gross allowable income base standards, average enrollment, total costs and number of prescriptions, average cost of prescriptions, and average prescriptions per recipient from fiscal year 1984 through fiscal year 1988.

PROGRAM TRENDS

Annual Program spending is a function of three variables: the number of enrollees eligible to receive services; the utilization of services; and the cost per service. The relative contribution of these variables to total Program expenditures has fluctuated over time. The following tables show where changes have occurred in total expenditures, unit cost for services and use of services over a five year period.

Displayed on Table A is the average yearly enrollment for the past five fiscal years. In fiscal year 1988, enrollment was just slightly below that of fiscal year 1987. Average enrollment has remained relatively constant since fiscal year 1984, at about 340,000 enrollees.

Total Program payments by major service category for the five year period are shown on Table B. Unlike other totals shown in this publication, these figures do not include Medicare payments for deductibles and coinsurance paid for Medicare eligible elderly and disabled recipients. These figures more clearly reflect actual service expenditures for Medicaid-only eligibles.

In fiscal year 1988, total Program expenditures increased over the past year, by about 15%. Expansion of home and community-based services, clinic services, growth in HMO enrollment and increases in payments to special hospitals accounted for a major portion of the increase.

The average yearly increase in inpatient general hospital expenditures from fiscal year 1985 to 1988 has averaged about 9% per year. The increase from 1987 to 1988 was over 15%, about $36 million. Payments to special hospitals increased 46%, about $15.5 million over fiscal year 1987 payments. State chronic and mental hospital expenditures showed an 11% increase, about $3 million. Payments for nursing facilities increased $25 million, about 11% over last year. Total payments to ICF-MR facilities were down almost 4% with a reduced patient population, reflecting the State's deinstitutionalization efforts.

In the area of ambulatory care, hospital outpatient services exhibited a modest increase in total expenditures of only 2.3%. Total payments to physicians in hospitals increased 25.1% and total payments to physicians in office, home and nursing home were up 19.6%. Clinic expenditures under the physicians program have increased substantially over the past few years. In fiscal year 1988, total payments to clinics were up 51% over fiscal year 1987.

Pharmacy payments were up 5.3%, less of an increase than in past years. Dental service payments were down again in fiscal year 1988, by almost 8% from fiscal year 1987 payments.

Table A
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1984 - 1988

FISCAL YEAR	AVERAGE MONTHLY ENROLLMENT	PERCENT CHANGE
1984	341,622	
1985	338,975	-0.8%
1986	341,256	+0.7%
1987	341,529	-0.1%
1988	340,267	-0.4%
Average Annual Percent Change		-0.1%

Table B

PROGRAM PAYMENTS AND ANNUAL PERCENT CHANGE BY TYPE OF SERVICE
Fiscal Years 1984 - 1988

TYPE OF SERVICE[1]	Fiscal Year 1984	1985	1986	1987	1988
Acute Gen Hospital Inpt	193,152,299	186,418,697 -3.5%	230,577,078[2] 23.7%	238,515,239 3.4%	274,780,680 15.2%
Special Hosp	21,883,480	25,550,880 16.8%	30,344,986 18.8%	33,610,335 10.8%	49,095,201 46.1%
State Chronic & Mental Hosp	0	8,499,131 N/A	25,778,693 203.3%	26,294,259 2.0%	29,228,803 11.2%
Nursing Facility	187,884,075	194,576,061 3.6%	202,532,177 4.1%	220,768,918 9.0%	245,765,303 11.3%
ICF - MR Facility	0	17,956,441 N/A	52,841,668 194.3%	78,197,661 48.0%	75,213,195 -3.8%
Hospital OPD	57,452,530	60,347,773 5.0%	59,927,034 -0.7%	67,266,204 12.2%	68,839,675 2.3%
Physician Home & Off	19,053,276	20,964,245 10.0%	22,192,662 5.9%	21,960,868 -1.0%	26,260,348 19.6%
Clinic	3,470,049	3,846,448 10.8%	9,911,125 157.7%	11,878,638 19.9%	17,919,944 50.9%

Table B (Con't)

PROGRAM PAYMENTS AND ANNUAL PERCENT CHANGE BY TYPE OF SERVICE
Fiscal Years 1984 - 1988

TYPE OF SERVICE	Fiscal Year 1984	1985	1986	1987	1988
Physician in Hospital	18,454,247	21,675,274 17.5%	24,814,362 14.5%	27,171,537 9.5%	33,981,086 25.1%
Pharmacy	37,869,459	43,901,856 15.9%	48,484,624 10.4%	52,411,016 8.1%	55,194,978 5.3%
Home & Community	6,973,754	10,154,321 45.6%	17,997,787 77.2%	32,626,382 81.3%	49,445,738 51.6%
Dental	5,330,982	5,359,316 0.5%	4,774,469 -10.9%	4,172,880 -12.6%	3,848,367 -7.8%
HMO	11,281,549	12,882,370 14.2%	16,453,929 27.7%	25,038,279 52.2%	34,423,535 37.5%
Other[3]	32,535,688	36,835,973 13.2%	42,148,321 14.4%	46,276,110 9.8%	54,253,052 17.2%
TOTAL	595,341,388	648,968,787 9.0%	788,778,918 21.5%	886,188,328 12.3%	1,018,249,908 14.9%

[1] Totals shown for specific service types do not include payments for Medicare coinsurance and deductibles and will not match totals shown on other tables.

[2] A carryover of delayed payments from FY 1985 was partly responsible for FY 1986 increase in total payments.

[3] Includes payments special services; Medicare coinsurance and deductibles; premiums paid for Part B of Medicare; and payments for general transportation services.

Expenditures for home and community-based services increased almost 52% over fiscal year 1987. The continued increases in payments for community-based services are the result of deinstitutionalization of patients from state facilities.

With regard to unit cost for services, Table C shows trends over the past five fiscal years. The cost per day in an acute general hospital bed was up 6.4% over fiscal year 1987, about the same as the increase in the previous year. The increase in cost for an outpatient visit was up 8.4%. The increase in nursing facility cost per day was 6.6% over the past fiscal year. The average cost per in-hospital service billed by physicians was up 10.6%, and the average cost per office visit was up 12.3% The cost per pharmacy invoice was up 5.1%, and the average cost per dental service was down 24% from fiscal year 1987.

To measure changes in utilization of certain services the number of services used per enrolled individual has been calculated. Table D shows some sharp percentage changes have occurred during the past two to three years. These up and down shifts are more indicative of when certain service billings were paid, rather than drastic changes by enrollees in the use of services.

Hospital days per enrollee showed an increase in utilization following last year's slight decrease. Nursing facility days increased slightly, as has been the general trend. The average number of hospital outpatient visits per enrollee continued to decrease, as it has done since fiscal year 1984. Physician service use increased in fiscal year 1988 after decreases in the previous year. Pharmacy utilization showed little change over the past two years, while dental utilization returned to pre-1987 levels.

During the past several years there have been changes in how some services are internally reported, additional service coverage begun, and changes in billing forms and service codes used by providers. As a result of some changes, there have been delays in the processing and payment of claims. Consequently, there have been up and down shifts in service payments, utilization, and cost per service from year to year. Actual changes over a longer time period are much less dramatic.

During fiscal year 1988 the Program continued to experience growth in the areas of clinic services, home and community-based services, and HMO enrollment. The expansion of the Department's mental health initiatives and deinstitutionalization efforts account for much of the growth in clinic and community-based services. Over the past few years there has been steady trend toward the use of community-based care as opposed to institutional-based care.

Table C
COST PER UNIT OF SERVICE
Fiscal Years 1984 - 1988

Type of Service	Fiscal Year				
	1984	1985	1986	1987	1988
Acute Gen Hospital Inpt (Day)	$436.32	$485.32 11.2%	$512.90 5.7%	$542.76 5.8%	$577.60 6.4%
Nursing Facility (Day)	37.13	37.52 1.1%	38.88 3.7%	41.21 6.0%	43.93 6.6%
Hospital OPD (Visit)	84.20	92.36 9.7%	109.86 18.9%	132.94 21.2%	144.15 8.4%
Physician In-Hosp (Service)	23.27	23.64 1.6%	24.15 2.2%	29.71 23.0%	32.85 10.6%
Physician Home & Off (Visit)	24.72	25.44 2.9%	24.94 -0.2%	28.90 15.1%	32.45 12.3%
Pharmacy (Invoice)	13.07	14.26 9.1%	14.85 4.1%	16.13 8.6%	16.95 5.1%
Dental (Service)	10.40	10.43 0.3%	9.26 -11.2%	11.03 19.1%	8.38 -24.0%

Table D
AVERAGE NUMBER OF SELECTED SERVICES PER MEDICAID ENROLLEE
Fiscal Years 1984 - 1988

Type of Service	Fiscal Year				
	1984	1985	1986	1987	1988
Acute Gen Hospital Inpt (Day)*	1.30	1.17 -10.0%	1.36 16.2%	1.34 -1.5%	1.45 8.2%
Nursing Facility (Day)	14.81	15.31 3.4%	15.28 -0.2%	15.71 2.8%	16.45 4.7%
Hospital OPD & ER (Visit)	2.00	1.93 -3.5%	1.60 -17.1%	1.48 -6.9%	1.40 -5.4%
Physician In-Hosp (Service)	2.59	2.70 4.2%	3.38 25.2%	3.04 -10.1%	3.60 18.4%
Physician Home & Off (Visit)	2.26	2.43 7.5%	2.61 7.4%	2.24 -14.2%	2.38 6.3%
Pharmacy (Invoice)	8.48	9.08 7.1%	9.53 5.0%	9.52 -0.1%	9.57 0.5%
Dental (Service)	1.50	1.52 1.3%	1.50 -1.3%	1.11 -26.0%	1.35 21.6%

* A carryover of delayed payments for inpatient days was responsible for both the decrease in average utilization for Fiscal Year 1985 and the increase in average utilization shown in Fiscal Year 1986. Also, there was an increased number of days due to the inclusion of newborn days which were previously included in the mothers stay.

TABLES

The following tables give further details on the operations and activities of the Maryland Medical Assistance Program. Tables 1 - 17 describe Program payments, enrollees, recipients, and services provided by eligibility category, residence and selected demographic characteristics. Tables 18 - 32 provide detailed information about specific services provided. Table 33 gives summary information on Medical Assistance enrollment during the year. Table 34 provides a summary of selected Medical Assistance Program data over a five year period. Tables 35 and 36 show data on the Pharmacy Assistance Program.

For fiscal year 1988 certain tables have been changed or adjusted to include additional information. Data on SOBRA individuals (Pregnant Women and Children) is included on a few tables where information was available. On other tables that information is included under category MAC (for children) and MAR (for adults). Not all source documents for this report have been set up to report on the new SOBRA categories. Also, due to the unavailability of one report, Table 29 now shows information on use of services by HMO enrollees, rather than Dental provider accounts. General Transportation service payments are included in applicable tables for the first time in fiscal year 1988. In the past, these payments had been handled outside of the normal payment system.

Program regulations allow providers to submit claims as late as twelve months after the date a service is provided. Since the statistics in the following tables are based on the date payment is made, rather than the date service is provided, the statistics represent some services provided in the previous fiscal year. When major claims processing changed are instituted, delays in payment may also occur.

Because many services for persons aged 65 years and older or disabled persons are partially funded by the federal Medicare program, the number of services provided and the payments made through the Maryland Medical Assistance Program for these persons do not represent all the health care services they receive. Tables 1 - 17 reflect only the health care services for those aged 65 and over which were paid for by the Medical Assistance Program.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 1. AVERAGE NUMBER OF ENROLLEES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1988

RESIDENCE OF ENROLLEE	All Categories	ELIGIBILITY CATEGORY[1]												
		Federally Matched Categorically Indigent						Federally Matched Medically Indigent					Non-Federally Matched	
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND1	SA
TOTAL STATE	340,267	18,902	400	41,186	50	212,759	15,888	9	4,726	5,075	9,206	6,032	18,689	6,481	864
BALTIMORE CITY	180,123	7,970	262	18,734	26	124,956	4,003	1	1,709	2,389	2,775	1,719	13,327	1,888	365
TOTAL COUNTIES	160,144	10,933	138	22,451	24	87,802	11,885	9	3,017	2,686	6,432	4,313	5,362	4,593	500
Allegany	7,999	337	10	1,083	2	4,621	579	1	140	41	420	217	160	384	5
Anne Arundel	14,768	771	2	2,293	0	8,493	884	1	259	260	484	326	625	339	31
Baltimore	24,065	1,327	33	3,442	5	13,357	2,455	2	489	355	734	548	722	537	59
Calvert	2,518	134	1	355	0	1,329	156	0	50	55	146	77	85	116	13
Caroline	1,843	250	5	311	0	937	115	1	35	23	43	58	24	32	10
Carroll	2,995	238	3	513	0	1,336	354	0	65	73	111	70	108	95	30
Cecil	3,750	158	2	525	0	2,012	197	1	51	85	277	190	101	152	0
Charles	5,020	254	3	636	2	2,830	263	1	98	72	321	176	136	187	40
Dorchester	3,039	417	0	364	0	1,666	193	0	42	15	107	60	69	76	31
Frederick	4,117	258	2	695	0	1,992	378	0	109	94	179	128	124	128	29
Garrett	2,773	154	1	412	3	1,356	174	0	54	20	251	122	40	176	10
Harford	5,946	292	5	913	0	3,282	356	1	83	107	297	225	165	203	16
Howard	3,011	229	2	481	0	1,337	272	0	76	94	188	144	72	99	17
Kent	1,016	141	4	132	0	450	89	0	23	4	53	41	19	55	6
Montgomery	19,951	2,284	23	2,683	2	9,603	1,877	1	375	319	476	286	1,571	414	38
Prince Georges	33,270	1,635	25	4,110	7	20,682	1,540	*	572	776	1,274	925	835	814	75
Queen Annes	1,633	171	2	203	0	786	144	0	52	28	95	48	44	59	0
St. Mary's	3,576	338	4	490	1	2,017	205	0	50	42	106	98	122	84	18
Somerset	2,235	313	*	313	0	1,041	193	0	37	11	126	69	43	77	12
Talbot	1,577	165	3	246	0	685	189	0	47	19	70	52	39	54	8
Washington	7,587	339	4	1,097	2	4,215	645	*	162	136	354	220	109	278	25
Wicomico	5,248	441	4	865	0	2,709	414	0	110	30	232	159	115	151	19
Worcester	2,207	287	0	289	0	1,066	213	0	38	27	88	74	34	83	8

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.

* Less than 0.5

Columns may not add due to rounding.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 2. PAYMENTS BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1988

ELIGIBILITY CATEGORY	All Services	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Home & Community	Special Services
All Categories[1]	$972,449,611	$334,073,754	$29,821,269	$245,938,008	$75,213,195	$72,167,383	$87,708,167	$55,194,978	$3,848,367	$49,445,738	$19,038,752
Federally Matched Categorically Indigent	451,265,722	173,065,395	9,309,611	35,847,200	35,980,948	50,660,521	58,525,132	33,914,621	3,107,793	37,943,384	12,911,116
OAA	59,626,096	10,120,276	5,473,754	22,126,160	419,230	1,628,076	3,679,245	7,234,732	38,399	7,636,223	1,270,002
PANE	967,084	170,773	7,063	197,649	60,635	99,338	82,086	113,931	1,914	205,847	27,849
APTD	196,066,196	61,863,043	2,897,663	13,535,289	35,501,083	13,910,132	18,574,144	14,967,478	247,568	28,753,747	5,816,048
EP	125,036	69,324	0	1,319	0	10,531	10,132	17,614	31	12,870	3,213
AFDC/ADULT	86,490,175	39,597,998	931,131	7,569	0	17,828,506	17,476,114	6,951,201	533,726	348,819	2,815,111
AFDC/CHILD	107,991,135	61,243,981	0	-20,786	0	17,183,938	18,703,411	4,629,665	2,286,155	985,878	2,978,893
Federally Matched Medically Indigent	402,180,085	81,364,753	20,514,064	209,897,542	39,232,246	7,910,998	14,257,002	14,477,229	462,299	10,238,212	3,825,743
MAO	230,820,912	10,754,539	12,836,399	189,107,435	251,298	692,665	3,539,602	10,672,010	23,974	1,052,903	1,890,088
MAB	99,764	14,122	0	39,352	12,712	1,217	6,210	4,905	0	19,662	1,584
MAD	96,816,413	18,648,478	4,921,912	20,720,589	38,208,462	1,281,758	2,389,107	2,463,402	20,108	7,271,783	890,815
MAPC	16,609,611	10,589,490	1,965,795	0	759,774	1,455,254	1,015,180	253,791	130,880	185,272	254,176
MAC	30,638,045	23,323,888	621,138	23,855	0	1,646,950	2,377,650	381,159	234,111	1,608,928	420,366
MAR	16,186,182	11,118,964	1,688,200	6,311	0	1,627,543	2,311,156	579,911	37,554	83,365	252,558
SOBRA/ADULT[2]	7,850,299	4,098,790	0	0	0	1,124,846	2,394,561	104,200	15,667	6,205	106,030
SOBRA/CHILD[3]	3,158,859	2,816,482	0	0	0	80,765	223,536	17,851	5	10,094	10,126
Non-Federally Matched	119,003,802	79,643,606	-2,406	193,267	0	13,595,864	14,926,032	6,803,129	278,275	1,264,142	2,301,893
GPA	66,507,442	38,536,349	0	68,798	0	9,920,964	9,636,652	5,557,367	184,675	868,296	1,734,342
STD 1	51,901,570	40,889,024	-2,406	124,469	0	3,552,576	5,193,458	1,203,553	68,714	332,335	539,846
SA	594,790	218,233	0	0	0	122,324	95,922	42,209	24,886	63,511	27,705

[1] Does not include premiums paid for Part B of Medicare and capitation payments for health maintenance organizations.
[2] Payments for SOBRA/ADULT may be included under "MAR" in other tables where specific information on SOBRA is not available.
[3] Payments for SOBRA/CHILD may be included under "MAC" in other tables where specific information on SOBRA is not available.

TABLE 3. PAYMENTS BY RESIDENCE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1988

RESIDENCE OF ENROLLEE	All Categories[1]	Federally Matched Categorically Indigent					Non-Federally Matched		
		OAA	PANE	APTD	EP	AFDC	GPA	NFED	MMI
TOTAL STATE	$972,449,611	$59,626,096	$967,084	$196,066,196	$125,035	$194,481,311	$66,507,443	$51,901,570	$594,790
Baltimore City	415,865,989	27,008,204	565,400	86,400,967	59,950	110,685,650	44,779,755	19,747,951	291,064
Total Counties	556,583,622	32,619,892	401,684	107,665,228	65,085	83,795,660	21,727,687	32,153,620	303,726
Allegany	24,307,194	1,117,802	43,478	4,062,932	10,669	4,507,215	592,625	1,035,292	1,538
Anne Arundel	49,179,709	2,032,942	0	10,242,662	0	8,774,566	2,499,397	2,995,021	74,897
Baltimore	98,459,683	3,650,712	56,375	17,424,103	5,263	12,295,711	3,017,411	4,649,787	23,872
Calvert	7,763,372	554,496	9,205	1,576,885	0	1,286,326	377,009	634,669	10,266
Caroline	6,199,275	934,230	3,741	1,267,034	0	807,750	82,068	291,425	4,077
Carroll	14,729,704	1,124,595	21,925	3,098,462	0	1,249,438	449,401	540,638	9,548
Cecil	12,574,638	530,611	0	2,412,649	0	2,137,229	618,943	1,250,334	0
Charles	14,776,062	894,665	18,415	2,549,460	8,773	3,231,123	582,455	1,218,752	34,244
Dorchester	9,272,400	1,251,011	10	1,677,187	0	1,525,817	229,400	291,694	8,418
Frederick	16,626,273	1,151,866	2,701	3,549,162	0	1,697,163	853,363	581,086	7,351
Garrett	8,235,491	524,355	0	1,980,768	7,559	1,104,911	163,093	469,372	3,275
Harford	20,418,894	900,654	6,544	4,188,761	0	3,152,381	777,941	1,682,681	5,122
Howard	11,901,180	608,017	4,550	2,315,615	0	894,372	405,091	880,564	2,295
Kent	3,892,207	200,949	1,170	582,845	0	567,550	77,228	311,804	8.108
Montgomery	73,263,652	5,954,575	60,664	13,043,533	9,735	9,301,117	4,719,294	2,931,727	38,120
Prince George's	102,338,016	4,494,257	61,228	21,491,183	19,895	19,654,978	4,259,982	8,169,830	42,213
Queen Anne's	5,818,312	450,322	1,110	926,409	0	880,009	184,165	260,477	0
St. Mary's	11,325,635	1,197,144	18,348	2,330,608	2,033	2,083,641	462,944	519,621	6,855
Somerset	7,223,844	891,018	4,826	994,176	0	854,978	141,310	393,393	1,488
Talbot	6,649,190	408,267	6,813	1,344,146	0	658,292	153,221	427,744	2,944
Washington	25,069,460	1,374,956	40,041	5,008,260	1,158	3,545,393	416,121	960,940	3,811
Wicomico	19,365,281	1,590,311	40,540	4,209,091	0	2,647,783	494,672	932,777	13,047
Worcester	9,194,150	782,137	0	1,389,297	0	937,917	170,553	723,992	2,237

[1] Does not include premiums paid for Part B of Medicare and capitation payments for health maintenance organizations.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 3. PAYMENTS BY RESIDENCE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1988 (Cont'd.)

	Federally Matched Medically Indigent							
	MAO	MAB	MAD	MAFC	MAC	MAR	SOBRA/ADULT	SOBRA/CHILD
TOTAL STATE	$230,820,912	$99,764	$96,816,413	$16,609,611	$30,638,045	$16,186,182	$7,850,300	$3,158,859
Baltimore City	63,492,865	10,359	35,154,946	6,969,148	10,383,379	5,832,077	1,865,923	620,351
Total Counties	167,328,048	89,405	61,661,468	9,640,463	20,254,667	10,354,105	5,984,377	2,538,508
Allegany	8,458,173	1,224	2,049,373	110,915	783,347	329,275	161,360	41,976
Anne Arundel	12,760,405	18,376	5,466,059	1,016,363	1,917,351	791,964	477,378	112,328
Baltimore	36,891,864	16,526	11,975,861	1,586,983	2,224,361	1,731,779	679,336	230,740
Calvert	1,941,336	0	580,234	138,783	253,925	263,097	117,433	19,708
Caroline	1,691,358	0	803,456	17,586	84,875	67,199	119,337	25,139
Carroll	5,898,038	0	1,430,969	269,325	355,527	136,258	115,075	30,505
Cecil	2,932,027	1,858	1,099,218	362,978	432,518	328,238	299,578	168,457
Charles	2,971,766	2,239	1,075,350	374,029	1,041,824	356,597	204,292	212,078
Dorchester	2,805,421	0	927,274	18,458	184,771	111,541	157,110	84,288
Frederick	5,405,705	0	2,044,403	290,059	544,935	251,977	166,650	79,852
Garrett	2,175,332	0	944,496	195,350	389,349	181,167	82,271	14,193
Harford	5,101,952	19,914	2,054,489	611,033	777,104	539,973	289,953	310,392
Howard	3,764,691	0	1,444,703	297,398	757,122	315,008	162,814	48,940
Kent	1,294,540	0	576,617	617	89,829	74,181	63,232	43,537
Montgomery	25,464,532	10,227	7,520,775	840,969	2,362,074	725,491	232,944	47,875
Prince George's	20,483,422	4,938	11,407,143	2,190,993	5,227,350	2,755,069	1,578,366	497,169
Queen Anne's	1,789,408	0	802,446	58,058	303,858	69,804	58,527	33,719
St. Mary's	2,677,668	12,712	1,196,942	182,614	228,934	196,994	159,535	49,042
Somerset	2,634,520	525	646,092	93,633	209,972	156,552	78,686	122,675
Talbot	2,177,551	0	749,356	236,292	201,827	101,538	123,076	58,123
Washington	8,834,723	866	3,136,458	458,370	597,018	268,408	279,722	143,215
Wicomico	5,910,458	0	1,793,424	246,261	708,977	427,337	246,531	104,072
Worcester	3,263,158	0	936,330	44,396	577,819	174,658	131,171	60,485

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 4. PAYMENTS BY RESIDENCE AND SERVICE: FISCAL YEAR 1968

RESIDENCE OF ENROLLEES	All Services[1]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Community Health	Special Services
TOTAL STATE	$[illegible]	$334,573,758	$29,821,249	$240,936,006	$70,111,140	$72,147,360	$87,708,147	$55,194,978	$3,848,367	$49,445,738	$19,038,752
Baltimore City	419,865,989	174,052,140	11,220,134	72,233,314	28,947,714	44,823,602	35,948,982	23,656,539	1,849,563	18,458,462	8,654,534
Total Counties	456,583,622	160,522,415	18,601,115	171,714,692	50,171,426	27,343,758	51,761,165	31,538,439	1,998,804	30,987,276	10,384,218
Allegany	14,307,194	4,966,380	702,077	8,741,993	2,533,225	1,490,703	2,332,987	1,864,350	128,927	1,162,190	379,457
Anne Arundel	49,179,709	17,049,930	1,419,590	12,149,787	3,851,271	2,377,175	4,496,014	2,587,429	142,923	3,045,747	859,877
Baltimore	96,459,684	23,757,993	1,692,553	36,985,253	9,107,660	5,103,060	6,989,362	5,106,741	331,804	5,762,226	1,622,038
Calvert	7,763,372	2,435,809	218,399	2,334,335	149,073	368,191	1,150,637	500,130	44,265	375,396	185,136
Caroline	6,199,275	1,240,359	263,913	2,188,699	807,524	257,060	652,028	456,745	21,774	184,390	126,793
Carroll	14,725,704	3,759,725	1,297,060	6,300,607	1,154,915	414,629	1,081,650	775,538	41,994	1,576,986	326,600
Cecil	12,574,636	4,328,494	424,134	3,016,255	1,542,723	592,553	1,366,477	836,932	59,741	194,970	210,357
Charles	14,776,062	5,886,884	248,253	3,386,889	551,505	967,978	1,915,944	956,689	60,636	506,152	293,132
Dorchester	9,272,400	2,168,748	498,136	3,044,370	564,993	491,432	982,030	687,563	40,808	561,229	239,090
Frederick	16,626,273	3,529,653	841,681	5,703,261	1,639,353	587,918	2,010,963	978,639	45,932	1,071,394	207,479
Garrett	8,235,491	1,611,847	392,383	2,720,681	564,596	512,723	721,229	650,029	51,600	750,843	259,563
Harford	20,418,894	6,473,739	356,367	5,592,071	1,723,576	1,171,192	2,094,686	1,233,777	95,453	1,219,509	458,526
Howard	11,901,180	3,877,857	196,290	3,480,262	998,551	406,392	937,639	698,030	41,204	1,019,173	243,782
Kent	3,892,207	986,861	493,140	1,133,267	349,851	156,643	322,958	223,899	10,797	150,683	64,108
Montgomery	73,263,652	19,326,258	2,139,461	26,217,104	6,891,674	3,013,812	6,957,884	3,795,560	237,867	3,215,371	1,468,661
Prince Georges	102,338,016	40,685,126	1,162,350	24,090,740	9,457,917	5,791,842	9,842,265	4,593,104	310,430	4,774,823	1,629,419
Queen Annes	5,818,312	1,595,776	482,545	1,508,488	650,093	253,453	581,703	371,083	23,209	249,960	102,004
St. Marys	11,325,635	3,286,766	374,732	3,040,707	1,376,058	470,722	1,303,612	729,915	32,310	514,987	195,826
Somerset	7,223,844	1,402,549	523,375	2,590,615	433,955	316,503	662,647	522,711	27,445	469,641	274,403
Talbot	6,649,190	1,638,175	111,472	2,353,190	1,073,749	286,868	569,579	346,137	16,365	184,376	69,279
Washington	25,069,460	4,449,080	1,778,264	8,530,811	1,896,020	1,276,730	2,099,950	1,958,940	123,086	2,604,902	351,657
Wicomico	19,365,281	4,354,740	1,989,728	5,367,841	1,991,995	795,165	1,589,141	1,225,906	87,235	1,120,875	542,655
Worcester	9,194,150	2,207,895	797,208	3,209,467	961,214	239,043	799,803	438,693	24,999	241,452	274,376

[1] Does not include payments for Part B of Medicare and payments to health maintenance organizations.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 5. AVERAGE PAYMENT PER ENROLLEE BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1988

ELIGIBILITY CATEGORY	All Services[2]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Community Health	Special Services
	TYPE OF SERVICE										
All Categories[1]	$2,858	$983	$86	$723	$221	$212	$258	$162	$11	$145	$56
Federally Matched Categorically Indigent	1,651	634	33	131	132	185	214	124	11	139	47
OAA	3,154	541	284	1,171	22	86	195	383	2	404	67
PANB	2,418	427	17	494	152	248	205	285	5	515	70
APTD	4,761	1,503	69	329	862	338	451	363	6	698	141
EP	2,501	1,386	0	26	0	211	203	352	1	257	64
AFDC	914	474	4	0	0	165	170	54	13	6	27
Federally Matched Medically Indigent	9,556	1,828	492	5,127	958	164	284	351	11	250	91
MAO	14,528	691	794	11,903	16	44	223	672	2	66	119
MAB	11,085	1,569	0	4,372	1,412	135	690	545	0	2,185	176
MAD	20,486	3,964	1,023	4,384	8,085	271	506	521	4	1,539	188
MAFC	3,273	2,093	380	0	150	287	200	50	26	37	50
MAC	3,328	2,535	66	3	0	179	258	41	25	175	46
MAR	2,683	1,844	27	1	0	270	383	96	6	14	42
Non-Federally Matched	4,571	3,059	0	7	0	522	573	261	11	49	88
GPA	3,559	2,062	0	4	0	531	516	297	10	46	93
STD 1	8,008	6,309	0	19	0	548	801	186	11	51	83
SA	688	253	0	0	0	142	111	49	29	74	32

[1] See Appendix, Glossary of Terms, for definition of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare and capitation payments for health maintenance organizations.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 6. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1988

RESIDENCE OF ENROLLEE	All Categories[1,2]	OAA	PANE	APTD	BP	APTC	MAC	MAB	MAI	MAPC	MAC	MAR	GPA	STND 1	SA
Total State	$2,868	$2,154	$2,418	$4,761	$2,500	$914	$14,528	$11,085	$20,486	$3,273	$3,671	$3,985	$3,559	$8,008	$688
Baltimore City	2,309	1,388	2,156	4,729	2,306	866	15,861	10,359	20,570	2,917	3,965	4,478	3,360	10,460	797
Total Counties	3,476	2,984	2,911	4,796	2,722	954	14,079	9,934	20,438	3,589	3,544	3,778	4,052	7,001	607
Allegany	3,039	3,317	4,348	3,750	3,335	975	14,608	1,224	21,781	2,705	1,965	2,261	3,704	2,696	308
Anne Arundel	3,330	2,637	0	4,467	0	1,033	14,435	18,376	21,104	3,909	4,194	3,894	3,999	8,835	2,416
Baltimore	4,008	2,751	1,708	5,062	1,053	921	15,027	8,263	24,491	4,468	3,345	4,400	4,179	8,659	405
Calvert	3,083	4,138	5,205	4,442	0	968	12,444	0	11,605	2,523	1,874	4,942	4,435	5,471	790
Caroline	3,364	3,737	748	4,074	0	862	14,707	0	22,956	765	2,558	3,216	3,420	9,107	408
Carroll	4,918	4,725	7,308	6,040	0	0	16,661	0	22,015	3,689	3,478	3,590	4,161	5,691	318
Cecil	3,353	3,358	0	4,596	0	1,062	14,883	1,858	21,553	4,270	2,170	3,304	6,128	8,226	0
Charles	2,943	3,522	6,138	4,009	4,387	1,142	11,299	2,239	10,973	5,195	3,906	3,187	4,283	6,517	856
Dorchester	3,051	3,000	0	4,608	0	916	14,536	0	22,078	1,231	2,515	4,478	3,325	3,838	272
Frederick	4,036	4,465	1,351	5,107	0	852	14,301	0	18,756	3,086	3,490	3,271	6,882	4,540	253
Garrett	2,970	3,405	0	4,808	2,520	815	12,502	0	17,491	9,768	1,608	2,159	4,077	2,667	328
Harford	3,434	3,084	1,309	4,588	0	961	14,331	19,914	24,753	5,711	3,662	3,689	4,715	8,289	320
Howard	3,953	2,655	2,275	4,814	0	669	13,841	0	19,009	3,164	4,288	3,016	5,626	8,895	135
Kent	3,831	1,425	293	4,415	0	1,261	14,545	0	25,070	154	2,516	3,352	4,065	5,669	1,351
Montgomery	3,672	2,607	2,638	4,862	4,868	969	13,567	10,227	20,055	2,636	5,063	3,351	3,004	7,081	1,003
Prince Georges	3,076	2,749	2,449	5,229	2,842	950	13,301	0	19,943	2,823	4,493	4,685	5,102	10,037	563
Queen Annes	3,563	2,633	555	4,564	0	1,120	12,426	0	15,432	2,074	3,553	2,674	4,186	4,415	0
St. Mary's	3,167	3,542	4,587	4,756	2,033	1,033	13,062	0	23,939	4,348	2,622	3,638	3,795	6,186	381
Somerset	3,232	2,847	0	3,176	0	821	13,650	0	17,462	8,512	2,640	3,049	3,286	5,109	124
Talbot	4,216	2,474	2,271	5,464	0	961	11,521	0	15,944	12,436	3,714	4,320	3,929	7,921	368
Washington	3,304	4,056	10,010	4,565	579	841	13,697	0	19,361	3,370	2,091	2,492	3,818	3,457	152
Wicomico	3,690	3,606	10,136	4,866	0	977	14,276	0	16,304	8,209	3,505	4,238	4,301	6,177	687
Worcester	4,166	2,725	0	4,807	0	880	15,320	0	24,640	1,644	7,253	4,133	5,016	8,723	280

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.
[2] Does not include premiums paid for buy-in of Part B Medicare and capitation payments for health maintenance organizations.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 7. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND SERVICE TYPE: FISCAL YEAR 1988

RESIDENCE OF ENROLLEE	All Services[1]	Hospital Inpatient	State Hospital	Nursing Facility	Hospital ICF-MR	Outpatient	Physician	Pharmacy	Dental	Community Health	Special Services
Total State	$2,858	$983	$86	$723	$221	$212	$258	$162	$11	$145	$56
Baltimore City	2,309	966	62	401	138	249	200	131	10	103	48
Total Counties	3,476	999	116	1,085	314	171	323	197	12	193	65
Allegany	3,039	621	88	1,093	317	186	292	233	16	145	47
Anne Arundel	3,330	1,155	110	890	261	161	304	175	10	206	58
Baltimore	4,008	987	70	1,537	378	212	290	212	14	239	67
Calvert	3,083	967	87	927	59	146	457	199	18	149	74
Caroline	3,364	673	143	1,188	438	139	354	248	12	100	69
Carroll	4,918	921	433	1,770	386	138	361	259	14	527	109
Cecil	3,353	1,154	113	805	411	158	364	223	16	52	56
Charles	2,943	1,173	49	675	110	193	382	191	12	101	58
Dorchester	3,051	714	164	1,002	186	162	323	224	13	185	79
Frederick	4,038	857	204	1,388	398	143	488	238	11	260	50
Garrett	2,970	581	142	981	204	185	260	234	19	271	94
Harford	3,434	1,089	60	940	290	197	352	207	16	205	77
Howard	3,953	1,288	65	1,156	332	136	311	232	14	338	81
Kent	3,831	971	485	1,115	344	154	318	220	11	148	63
Montgomery	3,672	969	107	1,314	345	151	349	190	12	161	74
Prince Georges	3,076	1,223	35	724	284	174	296	138	9	144	49
Queen Annes	3,563	977	295	924	398	155	356	227	14	153	62
St. Marys	3,167	919	105	850	385	132	365	204	9	144	55
Somerset	3,232	628	234	1,159	194	142	296	234	12	210	123
Talbot	4,216	1,039	71	1,492	681	182	361	219	10	117	44
Washington	3,304	586	234	1,124	250	168	277	258	16	343	46
Wicomico	3,690	830	379	1,023	380	152	360	234	17	214	103
Worcester	4,166	1,000	361	1,454	436	108	362	199	11	109	124

[1]Does not include premiums paid for by-in of Part B of Medicare and capitation payments for health maintenance organizations.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 8. NUMBER OF SELECTED SERVICES BY RESIDENCE OF RECIPIENT: FISCAL YEAR 1988

RESIDENCE OF ENROLLEE	Gen. Hosp. Days	Nurs. Fac. Days	ICF-MR Days	Hosp OPD Visits	ER Visits	Physician Visits	Pharmacy Invoices	Dental Services	Home Health	Day Care Days	Personal Care Days	Waiver Services
Total State	493,544	5,598,997	499,454	268,302	209,254	798,119	3,256,789	459,314	99,203	202,590	740,271	449,533
Baltimore City	250,086	1,567,349	151,333	220,213	109,455	338,542	1,380,247	228,579	50,506	67,313	420,576	140,653
Total Counties	243,458	4,031,648	348,121	48,089	99,799	459,577	1,876,542	230,735	48,697	135,277	319,695	308,880
Allegany	10,139	214,555	16,601	496	10,813	20,848	118,446	13,705	987	10,629	24,344	4,809
Anne Arundel	24,582	314,173	19,581	4,863	8,195	43,407	152,893	22,285	2,610	29,096	17,307	39,640
Baltimore	32,777	887,776	53,001	19,087	11,459	61,268	310,383	36,736	6,188	11,567	38,248	50,772
Calvert	3,969	51,112	1,237	304	1,286	8,258	28,587	4,363	301	2,125	5,485	2,772
Caroline	2,411	52,377	6,131	103	1,312	5,192	29,667	2,708	503	70	6,957	747
Carroll	3,741	125,689	7,056	494	1,067	9,670	45,424	4,731	583	28	12,246	25,887
Cecil	7,685	68,493	11,374	826	2,486	14,218	51,040	6,166	2,977	0	1,202	836
Charles	8,270	72,042	4,358	400	3,419	14,717	55,101	6,903	1,214	2,410	2,851	8,586
Dorchester	4,005	70,347	4,369	208	2,176	8,872	43,600	4,786	839	4,110	28,926	448
Frederick	5,812	140,541	11,824	471	2.936	11,695	59,896	5,636	1,136	10,294	6,239	5,866
Garrett	3,580	68,553	3,599	38	5,409	8,199	41,213	5,259	1,201	1,104	13,543	5,196
Harford	10,025	123,863	9,526	2,831	2,753	22,207	74,896	10,385	6,177	2,585	8,385	9,333
Howard	5,324	82,008	5,623	700	1,386	9,140	38,191	4,528	1,083	1,080	10,246	11,833
Kent	1,803	26,811	2,630	77	703	3,336	14,539	1,098	207	1,782	1,257	698
Montgomery	29,540	583,536	54,347	3,170	9,144	69,746	214,882	25,265	6,449	14,904	10,718	34,116
Prince Georges	57,101	506,289	74,672	12,434	17,821	80,505	269,468	38,574	8,765	10,989	15,118	71,377
Queen Annes	2,616	38,164	5,038	153	1,152	6,309	23,950	2,467	210	3,865	1,138	1,457
St. Marys	5,519	69,465	9,249	186	1,807	11,381	41,903	3,712	353	4,981	7,496	5,331
Somerset	2,785	56,134	3,386	174	1,007	4,855	35,543	3,266	620	3,296	25,088	810
Talbot	2,560	62,949	8,216	124	1,614	4,718	21,946	2,195	758	0	4,720	1,187
Washington	7,352	215,164	13,718	449	7,744	21,843	106,905	13,577	1,233	6,673	37,807	20,521
Wicomico	7,803	129,108	15,108	350	3,497	13,588	70,262	9,223	2,377	13,689	31,099	5,748
Worcester	4,059	72,499	7,477	151	613	5,605	27,807	3,167	1,926	0	9,275	910

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 9. RECIPIENTS AND DAYS OF INSTITUTIONAL CARE BY TYPE OF CARE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1988

ELIGIBILITY CATEGORY	General Hospitals			Inpatient M.H.		SNF		ICF-Other		ICF-MR	
	Recipients Discharged	Number of Discharges	Total Days of Care	Recipients	Days of Care	Recipients	Days of Care	Recipients	Days of Care	Recipients	Days of Care
Total - All Categories	70,150	92,034	493,544	779	187,409	1,646	194,490	22,125	5,404,507	1,498	499,454
Federally Matched Categorically Indigent	41,439	54,017	271,337	216	52,985	178	21,928	2,690	685,923	714	236,582
OAA	1,165	1,716	13,336	73	32,299	109	14,066	1,723	432,328	10	2,578
PANB/SP	43	60	375	0	0	1	63	16	4,348	2	477
APTD	6,583	12,116	94,417	26	4,041	61	7,799	933	248,476	702	233,527
AFDC/A	12,887	16,214	61,268	1	249	0	0	8	488	0	0
AFDC/C	20,761	23,911	101,946	116	16,396	7	0	10	283	0	0
Federally Matched Categorically Indigent	14,294	17,495	95,326	556	133,279	1,458	172,116	19,311	4,699,579	784	262,872
MAO	338	428	3,691	174	70,544	1,333	158,519	17,623	4,252,490	4	1,463
MAB	2	3	18	0	0	0	0	3	761	0	0
MAD	1,248	2,207	18,747	5	193	125	13,597	1,678	444,850	758	255,075
MAFC/MAC	5,958	7,108	45,181	376	62,468	0	0	3	671	22	6,334
MAR	2,923	3,636	15,686	1	74	0	0	4	807	0	0
SOBRA	3,825	4,113	12,003	0	0	0	0	0	0	0	0
Non-Federally Matched	14,417	20,521	126,881	7	1,145	10	446	124	19,005	0	0
GPA	6,819	10,819	68,216	2	258	3	339	41	5,012	0	0
STD 1	7,550	9,646	58,327	3	405	7	107	83	13,993	0	0
SA	48	56	338	2	482	0	0	0	0	0	0

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 10. NUMBER OF RECIPIENTS OF SERVICES BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1988

		ELIGIBILITY CATEGORY												
ALL SERVICES	TOTAL RECIPIENTS	OAA	PANB/EP	APTD	AFDC ADULT	AFDC CHILD	MAC	MAB	MAD	MAFC/MAC	MAP	GPA	STD 1	SA	SOBRA
One or More Types of Service	402,164	18,749	422	37,049	70,308	159,420	24,570	17	6,777	21,762	8,286	28,623	19,385	824	5,972
Inpatient Hospital	98,565	10,142	128	12,611	13,431	21,783	8,735	8	3,385	6,409	2,956	7,160	7,924	61	3,832
Outpatient Hospital	170,292	1,377	189	17,918	39,243	71,292	688	2	1,408	9,016	4,066	16,128	7,846	340	3,579
Nursing Facility	2,791	1,832	17	994	8	17	18,956	3	1,803	3	4	44	90	0	0
ICF-MR	1,498	10	2	702	0	0	4	0	758	22	0	0	0	0	0
Home Health	3,897	197	13	1,300	326	525	69	2	261	176	95	537	374	3	19
Day Care	1,557	468	9	812	2	2	116	1	94	1	1	40	10	1	0
Personal Care	4,626	2,106	44	1,698	53	24	343	0	166	7	11	129	43	0	2
Physician Services	289,665	16,004	334	30,603	53,519	101,812	17,615	12	5,219	15,183	6,372	23,630	14,331	592	4,439
Clinic Services	43,310	529	28	5,418	8,866	18,898	220	2	410	2,130	1,205	2,703	935	51	1,915
EPSDT Services	28,669	0	2	319	9	24,731	0	0	10	2,679	20	36	40	84	736
Rural Health	968	39	0	77	169	439	25	0	9	93	30	13	44	3	27
Pharmacy	255,524	15,587	340	30,342	49,613	89,177	18,135	10	4,079	10,538	4,451	21,272	8,441	484	3,055
Dental Services	63,679	861	58	4,800	11,632	34,406	529	0	352	4,581	773	3,823	1,175	330	359
Lab & X-Ray	82,734	1,860	76	9,830	24,703	21,754	5,244	2	1,402	2,876	2,274	7,992	2,837	91	1,793
Vision Care	51,019	3,055	60	6,769	10,747	15,832	1,578	0	717	1,995	1,143	6,282	2,390	141	310
Amb/WCV/Trans[2]	54,138	3,842	110	8,213	8,589	17,140	8,165	1	1,503	1,363	423	3,325	984	39	441
Physical Therapist	844	58	1	207	159	81	46	0	53	32	16	127	63	0	1
Podiatry	14,852	2,445	21	2,466	1,447	524	5,776	2	673	112	124	937	308	8	9
Medical Supplies	14,449	1,952	41	3,294	716	2,940	3,007	2	662	411	114	911	361	13	25
Waivers/STEPS CM[3]	1,587	434	6	661	5	25	134	0	238	55	0	14	13	0	2
HMO	46,969	411	27	1,465	11,904	31,135	15	0	12	613	135	1,055	122	43	32

[1] Recipients of Inpatient Hospital include all hospital facilities(general, special, and State facilities).
[2] Recipients of Amb/WCV/Trans now include general transportation, not previously reported in this table.
[3] Recipients include 761 recipients of STEPS case management.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 11. PAYMENTS, RECIPIENTS, AND AVERAGE PAYMENT PER RECIPIENT OF SERVICE BY RACE: FISCAL YEAR 1988

	Payments				Recipients				Average Payment		
Type of Service	Total Payments	White Recipients	Black Recipients	Other Recipients	All Recip	White Recip	Black Recip	Other Recip	All Recip	White Recip	Black Recip	Other Recip
	$1,006,941,311	$523,862,135	$464,934,147	$18,155,028	402,164	156,547	234,395	11,222	$2,504	$3,346	$1,984	$1,618
Inpatient Hospital[1]	363,895,023	148,882	206,971,313	8,041,348	98,565	43,203	52,625	2,737	3,692	3,446	3,933	2,938
Outpatient Hospital	72,167,383	24,838,728	45,858,555	1,470,101	173,292	61,760	108,326	3,206	416	402	423	459
Nursing Facility	245,938,008	183,214,281	60,093,976	2,629,751	23,771	18,121	5,377	273	10,346	10,111	11,176	9,633
ICF-MR	75,213,195	54,175,459	20,116,859	920,877	1,498	1,095	384	19	50,209	49,475	52,388	48,467
Home Health	4,449,958	1,786,507	2,537,389	126,061	3,897	1,488	2,279	133	1,142	1,200	1,113	948
Day Care	7,041,001	4,030,382	2,855,186	155,433	1,557	823	702	32	4,522	4,897	4,067	4,857
Personal Care	10,399,114	4,202,647	5,997,199	199,269	4,626	1,839	2,694	93	2,248	2,286	2,226	2,143
Physician Services	68,194,162	30,661,154	35,602,780	1,930,228	289,665	125,049	156,616	9,000	235	245	229	214
Clinic Services	17,802,289	8,748,438	8,678,839	375,012	43,310	16,089	26,465	756	411	544	328	496
EPSDT Services	1,594,087	579,499	987,551	27,037	28,699	9,993	18,160	516	56	58	54	52
Rural Health	117,654	49,086	67,865	704	968	366	594	8	122	134	114	88
Pharmacy	55,194,978	29,528,117	24,242,987	1,423,874	255,524	106,089	139,821	7,614	216	273	173	187
Dental Services	3,848,367	1,630,863	2,174,566	42,950	63,679	24,644	37,416	1,161	60	66	58	37
Lab & X-Ray	3,935,759	1,492,769	2,282,295	159,695	82,734	31,759	48,346	2,629	48	47	47	61
Vision Care	2,605,627	920,827	1,628,308	56,492	51,019	18,277	31,581	1,161	51	50	52	49
Amb/MCV/Trans[2]	6,412,866	2,769,625	3,528,757	114,484	54,138	18,460	34,986	692	118	150	101	165
Physical Therapist	96,348	54,386	40,127	1,836	844	429	397	18	114	127	101	102
Podiatry	625,953	280,010	336,456	9,487	14,852	8,469	6,140	243	42	33	55	39
Medical Supplies	5,351,634	2,521,130	2,703,577	126,927	14,449	6,564	7,584	301	370	384	356	422
Waivers/STEPS[3]	27,634,370	20,333,899	7,122,423	178,048	1,587	1,063	511	13	17,413	19,129	13,938	13,696
EMO	34,423,535	3,151,969	31,106,152	165,414	46,969	4,890	41,848	231	733	645	743	716

[1] Inpatient hospital include all hospital facilities(general, special and State facilities).
[2] Amb/MCV/Trans now include general transportation services, not previously included in this table.
[3] Includes payments and recipients of STEPS case management services. See Tables 15 and 16.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 12. PAYMENTS FOR SERVICES BY AGE, RACE AND SEX OF RECIPIENT:
FISCAL YEAR 1988

RACE AND SEX OF RECIPIENT	Total	AGE OF RECIPIENT								
		Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	+85
Total[1]	$1,006,941,311	$63,899,683	$42,541,911	$39,853,958	$61,765,835	$314,865,084	$175,542,863	$84,307,761	$118,151,390	$106,012,825
White	524,409,990	20,036,585	13,254,942	16,067,702	26,099,635	146,190,334	85,969,071	50,387,463	83,324,286	83,079,973
Male	187,786,708	10,852,306	7,678,186	9,402,000	9,184,826	68,633,071	36,115,935	16,578,227	19,449,502	9,892,654
Female	336,623,282	9,184,279	5,576,756	6,665,702	16,914,808	77,557,262	49,853,135	33,809,236	63,874,783	73,187,319
Black	464,407,133	42,746,608	28,480,115	23,766,043	34,688,997	163,862,735	86,569,531	30,573,357	32,095,774	21,623,973
Male	179,628,211	22,435,880	16,576,585	13,474,482	8,069,592	60,110,823	34,023,623	10,664,051	9,750,216	4,522,958
Female	284,778,922	20,310,728	11,903,530	10,291,561	26,619,405	103,751,912	52,545,908	19,909,306	22,345,557	17,101,015
Other[2]	18,124,188	1,116,490	806,854	20,212	977,204	4,812,016	3,004,260	3,346,941	2,731,331	1,308,880
Male	7,276,185	796,473	586,828	503,082	342,506	1,670,536	1,221,281	1,101,014	781,874	272,590
Female	10,848,003	320,016	220,027	-482,870	634,698	3,141,480	1,782,979	2,245,927	1,949,457	1,036,289

[1] Total includes payments for health maintenance organizations.

[2] Figure includes $4,532,655 in payments for recipients of unknown race.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 13. AVERAGE NUMBER OF ENROLLEES AND AVERAGE PAYMENT PER ENROLLEE BY AGE, RACE, AND SEX: FISCAL YEAR 1988

RACE AND SEX OF ENROLLEE	AGE OF ENROLLEE									
	Total	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	+85
Total Enrollees	340,267	18,426	55,453	61,934	35,252	102,545	32,726	14,227	11,818	7,886
White	128,800	6,319	18,551	19,692	12,010	39,496	13,944	6,391	6,743	5,654
Male	48,406	3,139	9,368	9,971	4,074	12,113	5,345	1,868	1,688	841
Female	80,393	3,180	9,183	9,721	7,936	27,383	8,599	4,523	5,055	4,813
Black	201,922	11,755	35,971	41,004	22,309	60,988	17,579	6,177	4,155	1,985
Male	76,719	5,877	18,103	20,506	7,979	14,603	6,379	1,742	1,090	441
Female	125,202	5,878	17,867	20,498	14,330	46,385	11,199	4,436	3,065	1,544
Other[1]	9,544	353	931	1,238	933	2,061	1,203	1,659	920	247
Male	3,680	185	480	641	456	685	375	506	289	62
Female	5,865	168	451	597	477	1,376	828	1,153	630	184
AVERAGE PAYMENT[2]	$2,959	$3,468	$767	$643	$1,752	$3,071	$5,364	$5,926	$9,998	$13,444
White	4,072	3,171	714	816	2,173	3,701	6,165	7,884	12,357	14,694
Male	3,879	3,458	820	943	2,254	5,666	6,757	8,875	11,523	11,762
Female	4,187	2,888	607	686	2,131	2,832	5,798	7,475	12,636	15,206
Black	2,300	3,637	792	579	1,554	2,687	4,925	4,949	7,725	10,893
Male	2,341	3,818	916	657	1,011	4,116	5,333	6,123	8,947	10,258
Female	2,275	3,456	666	502	1,857	2,237	4,692	4,489	7,291	11,074
Other	1,899	3,163	867	16	1,048	2,335	2,498	2,017	2,970	5,309
Male	1,977	4,303	1,222	785	751	2,440	3,255	2,176	2,702	4,384
Female	1,850	1,906	488	-808	1,331	2,282	2,155	1,947	3,093	5,621

[1] Figure includes 1,937 enrollees of unknown race.

[2] Average Payment figures include payments for health maintenance organizations.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 14. NUMBER OF RECIPIENTS OF SERVICES AND AVERAGE PAYMENT PER RECIPIENT
BY AGE, RACE AND SEX: FISCAL YEAR 1988

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT									
	Total	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	+85
Total	402,164	29,808	59,085	64,343	38,987	119,966	42,188	18,930	16,784	12,073
White	156,547	10,249	19,430	20,904	13,579	46,247	18,179	8,959	10,120	8,880
Male	55,922	5,160	9,899	10,160	3,924	13,574	6,736	2,565	2,574	1,330
Female	100,625	5,089	9,531	10,744	9,655	32,673	11,443	6,394	7,546	7,550
Black	234,395	19,042	38,774	41,747	24,422	71,156	22,605	8,006	5,707	2,936
Male	85,597	9,564	19,647	20,807	6,998	16,077	7,954	2,303	1,556	691
Female	148,798	9,478	19,127	20,940	17,424	55,079	14,651	5,703	4,151	2,245
Other[1]	11,222	517	881	1,692	986	2,563	1,404	1,965	957	257
Male	3,821	257	462	656	441	658	441	547	299	60
Female	7,401	260	419	1,036	545	1,905	963	1,418	658	197
AVERAGE PAYMENT[2]	$2,503	$2,143	$720	$619	$1,584	$2,624	$4,160	$4,452	$7,037	$8,778
White	3,349	1,954	682	768	1,921	3,160	4,728	5,623	8,231	9,353
Male	3,357	2,103	775	925	2,340	5,055	5,360	6,461	7,554	7,436
Female	3,344	1,804	585	620	1,751	2,373	4,355	5,286	8,462	9,691
Black	1,981	2,244	734	569	1,420	2,302	3,829	3,818	5,622	7,363
Male	2,098	2,345	843	647	1,153	3,738	4,276	4,629	6,264	6,544
Female	1,913	2,142	622	491	1,527	1,883	3,585	3,490	5,382	7,615
Other	1,615	2,159	916	12	991	1,877	2,139	1,703	2,853	5,091
Male	1,904	3,098	1,270	767	776	2,538	2,769	2,012	2,614	4,542
Female	1,465	1,230	525	-466	1,164	1,649	1,851	1,583	2,962	5,259

[1] Figures include 2,994 recipients of unknown race.
[2] Average payment figures include payments for Health Maintenance Organizations.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 15. PAYMENTS BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1988

TYPE OF CARE	Total	AGE OF RECIPIENTS IN YEARS								
		Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+
All Services	$1,006,941,311	$63,456,555	$42,660,438	$40,022,078	$61,968,888	$315,276,715	$175,684,629	$84,222,807	$117,905,900	$105,743,301
Inpatient Hosp[1]	363,895,023	50,291,840	19,082,048	16,841,643	30,612,986	125,446,118	77,006,792	22,238,971	16,737,912	5,636,712
Outpatient Hosp	72,167,383	3,579,647	6,594,096	6,553,252	7,630,661	33,183,805	13,817,776	603,851	171,108	33,187
Nursing Facility	245,938,008	0	19,618	-148,184	270,792	6,262,464	22,509,635	41,154,992	85,125,235	90,740,457
ICF - MR	75,213,195	0	141,857	2,068,840	4,768,938	55,444,233	10,990,310	1,404,886	394,131	0
Home Health	4,449,958	340,344	306,709	135,403	136,129	1,176,655	1,834,730	272,123	155,278	92,586
Day Care	7,041,001	0	0	-277	41,272	2,268,371	1,916,488	1,383,746	1,025,451	405,950
Personal Care	10,399,114	2,130	42,411	89,861	125,848	1,535,927	2,330,137	2,312,388	2,400,497	1,559,914
Physician Svs.	68,194,162	3,926,901	4,583,555	3,773,105	7,773,331	27,161,810	12,875,818	3,651,579	2,861,617	1,586,446
Clinic Services	17,802,289	359,285	678,372	923,699	1,668,364	10,292,137	3,435,253	363,347	65,234	16,598
EPSDT Services	1,594,087	681,162	577,010	226,339	55,001	54,575	0	0	0	0
Rural Health	117,654	16,288	23,219	12,725	12,704	35,182	12,512	1,947	1,690	1,387
Pharmacy	55,194,978	704,282	1,684,605	1,682,390	2,016,059	14,342,359	14,777,775	7,761,063	7,482,546	4,743,899
Dental Services	3,848,367	3,671	548,521	1,336,127	890,657	832,459	164,366	42,923	21,589	8,053
Lab & X-Ray	3,935,759	81,081	163,043	220,975	498,100	1,854,689	833,319	107,918	94,822	81,812
Vision Care	2,605,627	1,926	91,128	457,071	280,133	870,877	626,933	162,810	86,474	28,273
Amb/WCV/Trans[2]	6,412,866	168,312	341,058	427,724	304,191	2,091,127	1,606,383	644,413	510,269	319,388
Physical Therapist	96,348	1,931	7,843	1,519	4,774	32,226	32,304	7,831	6,359	1,559
Podiatry	625,953	385	1,721	11,605	24,332	221,640	158,419	70,744	77,740	59,368
Medical Supplies	5,351,634	469,675	577,412	328,870	223,790	1,085,514	1,430,643	414,818	454,368	366,544
Waiver/STEPS[3]	27,634,370	489,908	2,249,263	652,335	756,305	15,760,009	6,524,888	1,111,190	74,354	16,119
HMO	34,423,535	2,337,787	4,946,949	4,424,055	3,874,520	15,324,537	2,800,146	511,266	159,226	45,049

1 Payments for Inpatient hospital include all hospital inpatient facilities (general, special, and State facilities).
2 Payments for Amb/WCV/Trans now include general transportation payments, not previously included in this table.
3 Payments include $78,705 in payments for STEPS case management.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 16. NUMBER OF RECIPIENTS OF SERVICE BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1988

TYPE OF CARE	Total	Age of Recipient in Years								
		Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+
Any Service	402,164	29,808	59,085	64,343	38,987	119,966	42,188	18,930	16,784	12,073
Inpatient Hospital[1]	98,565	16,450	3,395	3,435	9,014	31,678	13,417	9,451	7,440	4,285
Outpatient Hospital	173,292	14,420	27,469	24,284	19,845	63,436	20,930	1,784	809	314
Nursing Facility	23,771	0	1	17	16	481	1,941	4,099	8,290	8,926
ICF - MR	1,498	0	4	49	116	1,076	218	26	9	0
Home Health	3,897	359	260	106	140	1,050	1,623	203	113	43
Day Care	1,557	0	0	1	15	410	434	323	257	117
Personal Care	4,626	4	30	42	63	584	1,124	1,095	1,078	606
Physician Services	289,665	21,090	39,133	37,762	26,799	91,897	35,548	15,345	13,198	8,893
Clinic Services	43,310	2,742	6,443	6,146	7,637	16,812	2,589	582	265	94
EPSDT Services	28,669	9,337	12,020	5,895	1,359	58	0	0	0	0
Rural Health	968	128	204	154	94	261	60	30	19	18
Pharmacy	255,534	17,035	34,495	31,596	23,010	79,632	32,343	14,797	13,297	9,329
Dental Services	63,679	103	10,779	20,466	9,536	17,575	3,584	941	487	208
Lab & X-Ray	82,734	2,697	6,638	6,442	11,058	36,007	12,147	2,518	2,826	2,401
Vision Care	51,019	74	2,884	10,272	5,654	16,720	10,065	2,942	1,723	685
Amb/WCV/Trans[2]	54,138	3,317	6,844	5,752	3,841	14,368	7,053	4,048	4,876	4,039
Physical Therapist	844	33	66	25	42	337	229	54	46	12
Podiatry	14,852	12	67	275	363	2,702	2,640	2,416	3,331	3,046
Medical Supplies	14,449	1,670	1,197	761	384	2,230	2,828	1,715	1,998	1,666
Waiver/STEPS[3]	1,587	28	61	24	31	487	301	242	257	156
HMO	46,969	2,715	11,328	13,139	4,802	12,803	1,639	365	138	40

[1] Includes recipients of all inpatient facilities.
[2] Includes recipients of general transportation services, not previously included in this table.
[3] Includes 761 recipients of STEPS case management service, primarily age 45 and over.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 17. AVERAGE PAYMENT PER RECIPIENT OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1988

Type of Care	Total	Age of Recipient in Years: Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+
Total All-Services	$2,503	$2,143	$720	$619	$1,584	$2,624	$4,160	$4,452	$7,037	$8,778
Inpatient Hospital[1]	3,692	3,057	5,621	4,903	3,396	3,960	5,739	2,353	2,250	1,315
Outpatient Hospital	416	248	240	270	385	523	660	338	212	106
Nursing Facility	10,345	0	19,616	-8,540	16,923	13,019	11,596	10,040	10,268	10,165
ICF - MR	50,209	0	35,464	42,221	41,112	51,528	50,414	54,034	43,792	0
Home Health	1,142	948	1,180	1,277	972	1,121	1,130	1,341	1,374	2,153
Day Care	4,522	0	0	0	2,751	5,533	4,416	4,284	3,990	3,470
Personal Care	2,248	533	1,414	2,140	1,998	2,630	2,073	2,112	2,227	2,574
Physician Services	235	186	117	100	290	296	362	238	217	178
Clinic Services	411	131	105	150	218	612	1,327	624	246	177
EPSDT Services	56	73	48	38	40	941	0	0	0	0
Rural Health	122	127	114	83	135	135	209	65	89	77
Pharmacy	216	41	49	53	88	180	457	525	563	509
Dental Services	60	36	51	65	93	47	46	46	44	39
Lab & X-Ray	45	29	23	33	43	49	65	41	32	34
Vision Care	51	26	32	44	50	52	62	55	50	41
Amb/WCV/Trans[2]	118	51	50	74	79	146	228	159	105	79
Physical Therapist	114	59	119	61	114	96	141	145	138	130
Podiatry	42	32	26	42	67	82	60	29	23	19
Medical Supplies	370	281	482	432	583	487	506	242	227	220
Waiver/STEPS[3]	17,363	17,447	36,768	27,103	24,327	32,269	21,677	4,592	289	103
HMO	733	861	437	337	807	1,197	1,708	1,401	1,154	1,126

[1] Includes payments and recipients of all hospital facilities.
[2] Includes payments and recipients of general transportation services, not previously included in this table.
[3] Average payment per recipient for recipients age 65 and over involves cost per recipient for STEPS case management.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 18. HOSPITAL PROGRAM: INPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1988

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL - ALL HOSPITALS[1]	11,667,222	$363,895,023
TOTAL - GENERAL AND SPECIALTY	11,500,930	334,073,753
Room and Board	685,088	$172,247,986
Operating /Recovery Room	410,058	15,329,510
Anesthesia	337,147	3,485,183
Delivery Room	30,864	10,368,997
Nursery	44,849	9,325,216
Laboratory	2,496,590	29,075,666
Radiology	230,081	10,243,919
EKG,EEG, etc.	83,848	4,064,664
Pharmacy	4,247,399	22,607,599
Blood/Transfusion	60,617	4,165,030
Supplies	1,718,162	20,299,322
Inhalation Therapy	210,428	8,968,023
Physical/Occupational Therapy	143,426	3,218,115
Emergency Room	32,452	3,924,565
Other	243,548	13,583,230
Inpatient Deductible	13,547	6,865,975
Inpatient Coinsurance	12,826	3,470,502
Inpatient Collection	-	-7,169,749
TOTAL - STATE HOSPITALS	166,292	$29,821,270
Room and Board	162,623	30,595,386
Inpatient Deductible	49	24,183
Inpatient Coinsurance	3,620	568,283
Inpatient Collections	-	-1,366,582

Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments providers.

[1] Includes State Hospital services and payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1988

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL ALL FACILITIES	9,855,867	$321,151,203
TOTAL ICF-MR FACILITIES (Net)	499,554	75,213,195
TOTAL NURSING FACILITIES (Net)	9,356,313	245,946,554
Adjustments		-8546
NURSING AND ICF-MR DAYS		
Days of Care Billed by Level and Intensity*		
ICF-Light	1,258,959	60,856,200
ICF-Moderate	2,301,632	121,066,280
ICF-Heavy	603,876	36,572,508
ICF-Heavy Special	1,244,449	76,032,885
SNF-Light	43,423	2,070,661
SNF-Moderate	80,803	4,180,396
SNF-Heavy	21,310	1,305,191
SNF-Heavy Special	46,890	2,878,102
ICF-MR	499,554	77,811,165
Adjustments/Credits		-194,410
NURSING FACILITY DAYS	5,601,342	304,767,813
ICF-MR DAYS	499,554	77,811,165
TOTAL DAYS OF CARE	6,100,896	382,578,978
Medicare Coinsurance Days	2,759	172,705
Ancillary Services	3,524,880	14,893,298
Patient Resources/Collection	227,332	-76,493,778

*Figures indicated are rates as billed by providers and do not reflect adjustments based on review by the Department.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 20. HOSPITAL PROGRAM: OUTPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1988

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL	2,761,989	$72,167,383
Clinic	268,302	11,476,540
Emergency Room	209,254	11,149,347
Operating Room	189,362	5,126,523
Anesthesia	139,210	767,439
Delivery Room	10,105	1,116,614
Laboratory	944,898	12,496,574
Radiology	171,554	10,259,819
EKG,EEG, etc.	33,971	1,742,587
Pharmacy	229,292	1,470,556
Blood/Transfusions	6,088	470,571
Supplies	252,440	2,584,022
Psych Day Care	7,836	555,337
Physical/Occupational Therapy	76,595	2,126,385
Other Covered Services	133,437	7,610,477
Outpatient Deductible	13,917	565,213
Outpatient Coinsurance	74,457	2,762,495
Collections	1,271	-113,116

Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 21. PHYSICIAN PROGRAM; OFFICE, HOME AND NURSING FACILITY SERVICES AND PAYMENTS: FISCAL YEAR 1988

TYPE OF SERVICE	SERVICES	PAYMENTS
Total	2,094,207	$47,719,221
Total Visits	809,342	17,438,203
Office	798,119	
Home	700	
Nursing Facility	10,523	
EPSDT Screens	39,837	1,594,087
Consultations	9,757	333,245
Refractions	8,380	216,371
Laboratory	251,988	1,476,743
X-Ray	40,779	1,064,120
EEG,EKG	14,347	240,742
Drugs Dispensed	25,399	127,057
Clinics	487,069	17,919,944
Diagnostic & Other Specified Services	189,264	3,769,780
Medicare Deductibles	35,781	1,000,911
Medicare Coinsurance	182,264	2,538,018

PAYMENTS TO FREESTANDING AND CONTRACT CLINICS

TYPE OF CLINIC	SERVICES	PAYMENTS
Total Clinics	487,069	$17,919,944
Children & Youth	30,158	1,187,173
Drug Abuse	61,643	1,830,658
Family Planning	17,635	1,045,806
Local Health	54,056	2,577,521
Mental Health Outpatient	114,807	3,967,048
Mental Health Rehab	199,547	6,869,142
Other Clinics	9,223	442,596

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 22. PHYSICIAN IN HOSPITAL PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1988

SERVICES

TYPE OF SERVICE	TOTAL	INPATIENT	OUTPATIENT	EMERGENCY ROOM
Total	1,225,024	765,960	308,518	150,546
Attend Physician	425,516	284,004	14,786	126,726
Surgery	92,750	57,185	34,430	1,135
Anesthesiology	28,298	20,570	7,725	3
Consultation	49,291	45,924	3,236	131
Radiology	247,257	105,617	120,098	21,542
Pathology	47,796	27,360	20,359	77
Other Spec. Svs	167,688	120,232	46,524	932
Med. Deductible	11,141	6,939	4,202	-
Med. Coinsurance	155,287	98,129	57,158	-

PAYMENTS

TYPE OF SERVICE	TOTAL	INPATIENT	OUTPATIENT	EMERGENCY ROOM
Total	$40,245,579	$31,311,647	$7,530,351	$1,403,581
Attend Physician	4,671,748	3,410,720	55,698	1,205,330
Surgery	17,514,484	15,016,680	2,475,065	22,739
Anesthesiology	2,897,118	2,478,378	418,635	105
Consultation	1,164,499	1,094,453	66,701	3,345
Radiology	3,641,883	1,654,161	1,824,172	163,550
Pathology	423,310	226,094	196,235	981
Other Spec. Svs	3,668,045	2,840,871	819,643	7,531
Med. Deductible	394,787	256,249	138,538	-
Med. Coinsurance	5,869,705	4,334,041	1,535,664	-

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 23. PHARMACY PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1988

	Number of Invoices	Payments	Average Payment Per Invoice
Total - All Invoices	3,256,789	$55,194,978	$16.95
Over the Counter Drugs	77,791	1,538,049	19.77
Legend Drugs	2,230,466	37,944,949	17.01
Ingredient Cost	2,230,466	29,712,591	13.32
Pharmacy Fee	2,230,466	8,197,103	3.68
Drugs reimbursed on Usual and Customary Basis	940,942	16,034,347	17.04
Adjustments	6,735	-310,326	
B/S Recovery	855	-12,041	
Pharmacy Co-Pay	376,649	188,324	0.50

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 24. SPECIAL SERVICES
FISCAL YEAR 1988

TYPE OF SERVICES	SERVICES	PAYMENTS
Total - All Services	4,636,657	$19,038,752
OPTOMETRIST-OPTICIAN SERVICES	308,683	$2,605,626
Diagnostic Services	98,770	953,404
Dispensing Services	41,828	587,241
Fabrication Services	166,825	1,040,467
Medicare Deductible and Coinsurance	1,260	24,514
AMBULANCE	77,017	$1,438,144
One Way Trips	10,761	534,910
Additional Miles	28,843	27,745
Other Services	446	22,958
Medicare Deductible and Coinsurance	36,967	852,531
VAN	18,286	$407,443
One Way Trips	15,300	392,655
Additional Miles	1,894	1,420
Other Van Services	1,092	13,368
GENERAL TRANSPORTATION	3,513,218	$4,567,279
Own/Lease	3,153,761	1,739,957
Purchased	337,877	2,819,116
Volunteer	21,580	8,206
PODIATRY	42,087	$625,953
Visits	2,410	21,883
Bone Joint Surgery	3,454	203,875
X-Ray and Laboratory	1,009	8,443
Other Procedures	10,358	128,784
Medicare Deductible and Coinsurance	24,856	262,968
MEDICAL LABORATORY SERVICES	400,471	$3,935,759
X-Ray and Laboratory	385,326	3,732,909
Medicare Deductible and Coinsurance	15,145	202,850
DURABLE MEDICAL EQUIPMENT	264,265	$5,331,634
DME and Supplies	229,973	4,018,712
Medicare Deductible and Coinsurance	34,292	1,332,922

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 24. SPECIAL SERVICES PROGRAM
FISCAL YEAR 1987 (CONTINUED)

TYPE OF SERVICES	SERVICES	PAYMENTS
HEARING AIDS	2,458	$71,785
Hearing Aids	2,458	71,785
PHYSICAL THERAPY	9,576	$96,347
Physical Therapy Services	9,378	89,067
Medicare Deductible and Coinsurance	198	7,280
COLLECTIONS - ALL SERVICES	596	-61,218

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1988

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
GRAND TOTAL	96,417	833,965	$363,895,023	436.34
GENERAL HOSPITALS	92,034	493,544	285,071,064	577.60
CHRONIC HOSPITALS	891	54,245	10,913,631	201.19
SPECIAL HOSPITALS	2,447	123,245	38,227,663	310.18
STATE CHRONIC HOSPITALS	469	44,412	10,652,969	239.87
STATE MENTAL HOSPITALS	576	118,519	19,168,300	161.73
CREDIT/ADJUSTMENTS			-138,604	
GENERAL HOSPITALS	92,034	493,544	$285,071,064	577.60
BALTIMORE CITY	50,186	288,780	183,320,396	634.81
Bon Secours	1,742	12,021	6,848,369	569.70
Church Hospital	1,567	9,164	5,154,972	562.52
Francis Scott Key	4,057	24,429	15,284,186	625.66
Good Samaritan	257	1,663	864,695	519.96
Harbor Hosp Ctr (So. Balto.)	3,513	14,985	7,677,140	512.32
Homewood (North Charles)	1,479	9,325	4,942,446	530.02
Homewood (Hyman Park)	426	4,862	1,535,352	315.79
Johns Hopkins	8,945	54,684	37,020,523	676.99
Liberty Medical Center	2,045	18,420	8,809,153	478.24
Maryland General	3,328	15,322	10,413,161	679.62
Mercy	3,619	18,190	10,386,788	571.02
St. Agnes	2,707	13,746	7,619,877	554.33
Sinai	4,003	18,993	11,053,811	581.99
Union Memorial	3,309	13,984	8,664,426	619.60
Univ. of Md. Medical System	9,189	58,992	47,045,497	797.49
COUNTIES	38,111	182,490	$84,948,857	465.50
AMI Doctors P.G.	437	2,729	1,270,028	465.38
Anne Arundel General	1,113	4,905	2,363,035	481.76
Baltimore Co. General	397	2,658	1,499,171	564.02
Calvert Memorial	784	4,694	1,694,623	361.02
Carroll Co.	309	1,282	661,893	516.30
Dorchester General	707	3,563	1,456,134	408.68
Edward W. McCready Memorial	192	680	317,108	466.34
Eugene Leland Memorial	564	5,488	2,096,925	382.09
Fallston General	493	3,140	1,201,658	382.69
Franklin Square	2,887	13,070	5,842,101	446.99

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1988 (CONT'D)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
Frederick Memorial	1,025	3,930	1,880,561	478.51
Frostburg Community	130	730	310,035	424.71
Garrett Co. Memorial	597	2,094	839,109	400.72
Greater Balto Medical Ctr	1,959	9,527	4,191,597	439.97
Greater Laurel Beltsville	395	2,930	1,420,140	484.69
Harford Memorial	1,029	3,408	1,588,598	466.14
Holy Cross	1,139	6,150	3,126,901	508.44
Howard County General	487	2,561	1,191,909	465.41
Kent & Queen Annes	561	2,075	936,797	451.47
Memorial Cumberland	1,130	4,375	2,014,435	460.44
Memorial Easton	1,347	4,936	2,165,523	438.72
Montgomery General	996	6,237	2,810,084	450.55
North Arundel	1,079	5,401	2,330,002	431.40
Parkwood Hospital	12	67	33,770	504.03
Peninsula General	2,621	10,818	4,473,075	413.48
Physician's Memorial	1,032	3,801	1,678,979	441.72
P.G. Hospital Center	5,204	26,576	14,069,258	529.40
Sacred Heart	1,047	4,637	1,892,398	408.11
St. Joseph	655	3,250	1,577,839	485.49
St. Mary's	882	3,104	1,300,757	419.06
Shady Grove Adventist	1,312	5,641	3,045,933	539.96
Southern Maryland	1,194	6,683	3,292,599	492.68
Suburban	361	2,576	1,379,373	535.47
Union of Cecil Co.	1,284	4,873	2,203,064	452.10
Washington Adventist	1,174	8,065	3,863,070	478.99
Washington Co.	1,576	5,836	2,930,375	502.12
DISTRICT OF COLUMBIA	2,979	17,257	$13,712,765	794.62
Capitol Hill	19	133	110,602	831.59
Columbia Hosp. for Women	59	350	246,148	703.28
D.C. General	127	700	437,125	624.46
George Washington University	238	1,897	1,717,552	905.40
Georgetown University Med Ctr	381	2,491	2,116,920	849.83
Greater Southeast Community	1,097	5,250	3,503,750	667.38
Hadley Memorial	42	227	124,703	549.35
Howard University	145	781	611,602	783.10
Providence	253	962	558,361	580.42
Sibley Memorial	61	449	243,581	542.50
Washington Hospital Center	557	4,017	4,042,421	1006.33
OUT OF STATE	758	5,017	$3,089,046	615.72
Childrens Hospital (Pitts, Pa.)	5	247	554,797	2246.14
Gettysburg (Pa.)	85	340	113,143	332.77

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1988 (CONT'D)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
Medical Ctr of Delaware	82	578	478.179	827.30
Meyersdale Community (Pa.)	31	135	40,424	299.44
Nanticoke Memorial (De.)	36	149	78,492	526.79
Potomac Valley (West Va.)	19	94	51,601	548.95
Presbyterian Univ. (Pa.)	8	197	170,741	866.71
Waynesboro (Pa.)	32	110	55,027	500.25
West Va. Univ. Hosp.	121	950	726,767	765.02
Other Out of State	339	2,217	819,875	369.81
CHRONIC HOSPITALS	891	54,245	$10,913,631	201.19
Childrens Hosp (Chron)	13	591	136,058	230.22
Good Samaritan (Special)	145	2,211	991,642	448.50
John L. Deaton Med Ctr	606	37,950	6,931,117	182.64
Keswick Home	5	299	13,131	43.92
Levindale Hosp	61	6,594	1,763,706	267.47
Mason F. Lord	61	5,139	844,889	164.41
Prince Georges Hosp Center	0	1,461	233,088	159.54
SPECIAL FACILITIES	2,447	123,245	$38,227,663	310.18
Brook Lane Psych Center	30	952	202,224	212.42
Bryn Mawr Rehab	21	2,350	754,713	321.15
Childrens Hosp	100	603	389,392	645.76
Children's Hosp. Nat'l Med Ctr	982	7,472	9,511,583	1,272.96
Elizabethtown Hosp. Rehab	11	611	195,658	320.23
Good Shepherd Center	152	32,881	2,122,485	64.55
Hosp for Sick Children	29	7,218	2,438,445	337.83
James L. Kernan	109	507	353,027	696.31
Johns Hopkins Oncology	191	1,565	1,936,039	1,237.09
Kennedy Institute	206	6,672	3,707,578	555.69
Lake Erie Institute Rehab	7	2,112	577,661	273.51
Mt. Washington Pediatric	135	24,992	8,714,634	348.70
National Orthopedic	5	54	19,640	363.70
National Rehabilitation	38	2,007	1,406,305	700.70
Reading Rehab Hosp.	5	935	288,748	308.82
Rehab Hosp Spec Svs York	2	24	8,772	365.50
RICA - Baltimore	265	9,109	2,043,711	224.36
RICA - Rockville	86	703	172,316	245.12
Sinai - Special	26	590	293,075	496.74
Villa Maria	47	21,888	3,091,657	141.25

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25: HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1988 (CONT'D)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
STATE CHRONIC HOSPITAL	469	44,412	$10,652,969	239.87
Deers Head	124	16,866	3,227,793	191.38
Montebello	240	12,915	4,906,841	379.93
Western Maryland	105	14,631	2,518,335	172.12
STATE MENTAL HOSPITALS	576	118,519	$19,168,300	161.73
Walter P. Carter Inpt	15	3,037	538,719	177.39
Crownsville	182	18,274	3,576,223	195.70
Eastern Shore Hosp. Ctr	30	12,267	2,484,133	202.51
Highland Health Facility	11	345	96,629	280.08
Springfield	131	70,886	9,974,536	140.71
Spring Grove	0	158	17,548	111.06
Thomas B. Finan	81	9,116	1,668,345	183.01
Upper Shore Comm M. Health	28	856	181,785	212.37
Walter P. Carter Ctr	98	3,580	630,382	176.08
MEDICARE-DEDUCTIBLE AND COINSURANCE*			$10,928,943	
COLLECTIONS *			-8,536,331	

* Amounts are included in individual entries and subtotals.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1988

Location and Name of Facility	Number of Facilities	Days	Net Payments
GRAND TOTAL - ALL FACILITIES	211	6,097,983	$321,151,203
TOTAL - ICF-MR FACILITIES	8	499,454	75,213,195
TOTAL - NURSING FACILITIES	203	5,598,568	245,946,554
TOTAL - ADJUSTMENTS		-39	-8,546
Baltimore City	48	1,502,886	$71,104,279
Alice Manor Nursing Home		10,429	472,698
Ashburton Nursing Facility		12,852	617,166
Belair Convalesarium		67,401	2,879,436
Canton Harbor Nurs Ctr		8,966	470,985
Century Home		25,565	1,138,496
Community Care Nurs Ctr		651	32,105
Crawford Retreat		6,958	293,950
Deaton Medical Ctr Nursing Home		48,786	3,659,041
Deaton Hospital Med Ctr South		6,473	352,247
Dukeland Nurs Home and Conv Ctr		35,810	1,656,623
Fairmount Nursing Ctr		5,235	298,877
Franklin Court Nursing Ctr		43,560	1,975,898
Friedlers Guest House		10,898	484,106
Garrison Nursing Home		7,492	334,967
Granada Nursing Home		39,597	1,813,175
Gr Pennsylvania Ave Nursing Center		68	4,242
Greenwood Acres		7,867	453,752
Harford Gardens Conv Center		19,260	847,315
Haven Nursing Home		7,031	347,376
Hayes Care Home		4,258	203,369
Inns of Evergreen Central		90,640	4,381,627
Inns of Evergreen South (Federal Hill)		105,037	4,782,972
Inns of Evergreen N.E. (Garden Vill)		31,868	1,446,100
Inns of Evergreen N.W. (Pimlico Manor)		60,582	2,666,064
Jenkins Memorial		33,474	1,353,098
Kenesaw Nursing Home		9,661	444,770
Kenson Nursing Home		9,911	463,948
Keswick Home for Incurables		24,601	1,316,310
Key Circle Hospice		33,810	1,372,673
Lake Drive Nursing Home		31	123
Levindale Hebrew Geriatric Ctr		71,128	4,450,670
Lincoln Convalescent Ctr		78,552	3,878,784
Maryland Baptist Aged Home		11,693	580,524
Maryland Rehabilitation Center		682	20,933
Mason F. Lord Nursing Center		50,091	3,024,662

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26.--NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1988 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
Melchor Nursing Home		16,653	697,769
Meridian Nurs Ctr - Caton Manor		50,446	1,911,235
Meridian Nurs Ctr - Hamilton		18,497	723,906
Meridian Nurs Ctr - Homewood		29,072	1,238,902
Meridian Nurs Ctr - Long Green		16,728	655,608
Mt. Vernon Care Center		46,738	2,060,758
Northwest Nurs and Conv Ctr		29,120	1,328,906
Park Manor Nursing Home		17,919	888,213
Pimlico Elder Care		17,233	722,919
Pleasant Manor Nursing Home		39,335	1,655,630
Poplar Manor Nursing Home		48,849	2,223,132
Seton Hill Manor		123,289	5,262,471
Villa St. Michael		68,089	3,215,748
Allegany County	6	189,782	$7,738,059
Allegany Co Nursing Home		48,719	2,017,122
Cumberland Nursing Center		26,437	964,389
Egle Nursing Home		6,692	317,472
Frostburg Village Nursing Home		47,143	1,719,036
Lions Manor Nursing Home		25,603	1,086,600
Moran Manor		35,188	1,633,440
Anne Arundel County	11	257,238	$10,535,405
Annapolis Convalescent Center		16,772	681,417
Arundel Geriatrics Nursing Center		27,924	1,222,644
Bay Manor Nursing Home		24,350	1,069,532
Crofton Convalescent Center		27,779	1,261,082
Fairfield Nursing Center		29,784	1,239,653
Knollwood Manor		25,159	1,106,329
Maryland Manor of Glen Burnie		32,604	1,174,672
Meridian Nurs Ctr - Hammonds Lane		21,001	745,951
Meridian Nurs Ctr - Severna Park		16,918	651,845
N Arundel Nurs & Convalescent Center		20,978	870,237
Pleasant Living Convalescent Center		13,969	510,043
Baltimore County	37	992,048	$40,888,617
Armacost Nursing Center		14,036	685,699
Augsburg Lutheran Home		22,918	870,015
Bent Nursing Home		16,098	732,653
Chapel Hill Convalescent Home		17,687	737,402
Dulaney Towson Nurs and Conv Home		27,538	1,151,089
Eastpoint Nursing Home		40,621	1,724,676
Forest Haven Nursing Home		58,085	2,059,157

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1988 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
Frederick Villa Nursing Center		18,303	653,012
Garrison Valley Center		26,351	1,172,366
Holly Hill Manor		3,528	117,939
Hurwitz House		6,515	207,547
Inns of Evergreen West (Inglenook)		28,574	1,239,648
Ivy Hall Nursing & Convalescent Home		15,183	841,541
Jewish Convalescent and Nursing Home		42,225	1,877,030
Katherine Robb Nursing Home		3,052	98,897
Little Sisters of the Poor		18,880	823,808
Manor Care - Rossville		40,907	1,567,310
Manor Care - Ruxton		26,977	986,520
Manor Care - Towson		15,391	580,229
Meridian Nurs Ctr - Catonsville		30,528	1,118,667
Meridian Nurs Ctr - Cromwell		39,758	1,670,164
Meridian Nurs Ctr - Heritage		40,809	1,527,285
Meridian Nurs Ctr - Loch Raven		34,838	1,381,822
Meridian Nurs Ctr - Perring Pkwy		29,511	1,464,160
Meridian Nurs Ctr - Randallstown		53,810	2,168,310
Milford Manor Nursing Home		18,942	821,305
Old Court Nursing Home		42,992	1,810,147
Pickersgill		14,541	541,493
Pikesville Nurs and Conv Home		37,807	1,651,657
Ridgeway Manor		14,984	724,114
Riverview Nursing Center		73,716	3,049,125
St. Joseph's Nursing Home		7,422	344,410
St. Luke Lutheran Home		10,457	382,053
Stella Maris Hospice		77,164	3,208,795
Summit Nursing Home		14,114	625,242
Towson Convalescent Home		7,784	273,330
Calvert County	2	36,605	$1,647,020
Calvert County Nursing Center		22,570	1,035,863
Calvert House Corporation		14,035	611,157
Caroline County	2	52,562	$2,241,081
Caroline Nursing Home		16,381	676,756
Weslyan Health Care Center		36,181	1,564,325
Carroll County	6	124,761	$5,156,789
Carroll Lutheran Nursing Home		10,757	399,605
Golden Age Guest Home		3,856	198,118
Long View Nursing Home		10,800	508,338

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1988 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
Pleasant View Nursing Home #2		36,591	1,405,840
Sykesville Eldercare Center		29,497	1,318,528
Westminister Villa Nursing Center		33,260	1,326,360
Cecil County	3	57,498	$2,549,630
Calvert Manor Nursing Home		13,164	533,784
Devine Haven Convalescent Home		12,860	612,789
Laurelwood Nursing Center		31,474	1,403,057
Charles County	2	68,825	$3,229,852
Charles County Nursing Home		24,684	1,182,028
Meridian Nursing Center - La Plata		44,141	2,047,824
Dorchester County	2	59,975	$2,609,772
Glasgow Nursing Home		9,248	409,395
Mallard Bay Nurs & Rehab		50,727	2,200,377
Frederick County	5	103,288	$4,170,703
Citizens Nursing Home of Fred Co.		49,861	2,030,348
Homewood Retirement Center		4,436	172,526
Meridian Nurs Ctr - Frederick		21,844	826,697
Northhampton Manor		18,172	767,630
Vindabona Nursing Home		8,975	373,502
Garrett County	3	93,542	$3,775,966
Cuppett and Weeks Nursing Home		45,508	1,851,087
Dennett Road Manor		30,591	1,314,826
Goodwill Mennonite Home		17,443	610,053
Harford County	3	99,825	$4,552,185
Belair Convalescent Center		29,317	1,280,853
Brevin Nursing Home		13,440	640,948
Citizens Nursing Home		57,068	2,630,384
Howard County	2	60,990	$2,578,257
Bon Secours Ext Care Facility		8,334	341,213
Lorien Nursing & Convalescent Home		52,656	2,237,044
Kent County	1	11,328	$487,950
Magnolia Hall		11,328	487,950

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1988 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
Montgomery County	21	541,425	$24,399,922
Bel Pre Health Care Center		13,862	553,469
Brooke Grove Nursing Home		8,869	339,504
Circle Manor Nursing Home		27,382	1,367,584
Collingswood Nursing Center		22,292	921,519
Colonial Villa Nursing Home		13,293	616,736
Fairland Nurs and Rehab Home		17,166	787,180
Friends Nursing Home		5,451	221,641
Grosvenor Health Care Center		39,868	1,951,925
Hebrew Home of Greater Washington		123,875	5,797,074
Heritage Healthcare Center		12,216	547,049
Herman M. Wilson Health Care Center		57,533	2,594,243
Kensington Nursing Center		33,916	1,460,848
Meridian Nurs and Rehab Ctr		160	6,020
National Lutheran Home for Aged		53,180	2,264,372
Potomac Valley Nursing Home		18,874	851,817
Randolph Hills Nursing Home		14,755	661,928
Rockville Nursing Home		9,080	380,485
Shady Grove Adv Nurs Ctr		1,737	70,432
Sharon Nursing Home		2,425	102,790
Sylvan Manor Health Care Center		24,543	1,019,125
University Conv & Nursing Home		40,948	1,884,181
Prince Georges County	16	468,170	$23,377,748
Bradford Oaks Nurs and Retirement		17,258	804,288
Carroll Manor		38,218	1,620,776
Clinton Convalescent Center		61,338	2,936,211
Fort Washington Rehab Center		44,476	2,638,456
Gladys N. Spellman Nur Ctr		21,016	1,424,930
Greater Laurel Nursing Home		37,698	1,789,301
Greenbelt Nursing Center		26,396	1,105,823
Hillhaven Nursing Home		3,015	152,721
Hyattsville Manor		43,076	1,777,690
Madison Manor Nursing Home		9,703	415,579
Magnolia Gardens Nursing Home		21,093	975,061
Manor Care - Largo		18,973	796,888
Pine View Manor - Ext Care Ctr		50,559	2,684,407
Presidential Woods Health Center		66,860	3,100,418
Regency Health Svs Inc.		18,783	888,615
Sacred Heart Home		6,966	266,584
Queen Annes County	1	47,812	$1,840,647
Meridian Nurs Ctr - Corsica Hill		47,812	1,840,647

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM, SERVICES AND PAYMENTS BY FACILITY, FISCAL YEAR 1988 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
St. Marys County	4	87,077	$3,204,034
Amber House		103	0
Bayside Nursing Center		34,564	1,685,722
Charlotte Hall Vet Home		31,509	605,787
St. Marys Nursing Home		20,901	912,525
Somerset County	2	43,268	$2,107,683
Alice Byrd Tawes Nursing Home		19,922	1,009,129
Manokin Manor		23,346	1,090,554
Talbot County	3	60,541	$2,182,669
Memorial Hospital - Easton		5,577	269,552
Meridian Nurs Ctr - The Pines		49,397	1,718,346
William Hill Manor		5,567	194,771
Washington County	10	242,353	$9,624,043
Avalon Manor		60,093	2,380,549
Clearview Nursing Home, Inc.		5,274	235,502
Coffman Home for the Aging		16,371	693,552
Colton Villa Nursing Center		44,835	1,707,676
Fahrney Keedy Memorial Home		15,543	586,186
Garlock Memorial Conv Home		12,817	575,857
Homewood Retirement Center		9,566	392,492
Ravenwood Lutheran Village		17,112	653,580
Reeder Memorial Home		39,308	1,599,109
Williamsport Nursing Home		21,434	799,540
Wicomico County	3	139,731	$6,026,102
Riverwalk Manor		50,207	2,284,562
Salisbury Nursing Home		71,592	2,936,640
Wicomico Nursing Home		17,932	804,900
Worcester County	3	62,204	$2,636,932
Berlin Nursing Home		36,571	1,453,560
Harrison House		13,748	606,579
Hartley Hall		11,885	576,793
Out of State	4	30,460	$1,147,810
Brandywine Convalescent Home		1,130	37,756
Harrison House of Delmar		23,367	880,269
Seaford Health Care Center		5,749	216,952
Washington Home for Incurables		214	12,833

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1988 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
State Facilities	3	147,116	$6,135,399
Deer's Health Nursing Center		3,609	185,243
Tawes/Bland Bryant Nursing Center		127,384	5,199,880
Western Maryland Center		16,123	750,276
State Facilities - ICF - MR	8	499,454	$75,213,195
Great Oaks Center		125,345	15,077,335
Highland Health Facility		30,084	2,952,145
Holly Center		67,752	8,735,389
Joseph D. Brandenburg Center		16,599	2,770,542
Potomac Center		39,945	5,499,583
Rosewood Center A		187,535	34,809,269
Victor Cullen Center		28,473	3,806,877
Walter P. Carter Center		3,721	1,562,055

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1988

Name and Location of Hospital	Number of Visits			Payments					
	TOTAL	CLINIC	ER	TOTAL	CLINIC	ER	ANC SER	MEDICARE	CREDITS
All Hospitals	477,556	268,302	209,254	$72,167,383	$11,476,540	$11,149,347	$46,353,133	$3,327,708	-139,345
General Hospitals									
Baltimore City	346,429	232,791	113,638	47,348,788	10,322,212	6,546,066	2,866,596	61,845,965	-30,010
Bon Secours	7,033	3,502	3,531	1,682,817	210,718	415,970	885,807	170,511	-189
Church	4,882	1,362	3,520	1,081,511	44,436	242,261	743,040	52,781	-1,007
Francis S. Key	24,093	19,377	4,716	4,130,760	937,703	247,987	2,667,848	281,705	-4,483
Good Samaritan	1,334	1,108	226	533,698	39,134	12,957	362,577	119,030	0
Harbor (So.Balt)	17,518	8,732	8,786	2,234,091	311,199	370,222	1,522,240	34,588	-4,158
Homewood	3,393	2,593	800	305,642	55,191	39,378	196,796	14,402	-125
Johns Hopkins	94,457	73,340	21,117	12,225,573	3,703,688	1,146,043	7,103,836	273,347	-1,341
Liberty Medical Ctr	19,964	16,548	3,416	1,722,210	412,053	242,723	994,771	74,074	0
Maryland General	35,176	25,653	9,523	3,752,738	829,271	484,958	2,313,570	125,553	-614
Mercy	5,656	154	5,502	2,477,973	6,694	276,682	2,106,723	93,332	-5,458
North Charles	670	12	1,658	887,748	396	59,853	749,416	78,083	0
St Agnes	21,238	8,078	13,160	1,943,133	300,100	585,740	1,006,115	55,592	-4,414
Sinai	29,554	19,125	10,429	4,198,505	914,460	708,882	2,439,500	135,693	-30
Union Memorial	20,054	13,485	6,569	2,559,918	756,977	271,202	1,465,711	68,209	-2,181
University of Md.	60,407	39,722	20,685	7,612,471	1,800,192	1,441,208	4,108,016	269,065	-6,010

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1988(Con't)

General Hospitals	TOTAL	CLINIC	ER	TOTAL	CLINIC	ER	ANC SER	MEDICARE	CREDITS
In Countier	111,398	24,648	86,750	18,855,922	1,064,012	3,979,649	12,622,465	1,257,211	-67,415
AMI Doctors P.G.	1,257	1	1,256	456,271	73	78,190	342,295	37,211	-1,498
Anne Arundel General	3,123	0	3,123	538,657	0	162,981	333,028	45,535	-2,887
Balt County	1,895	0	1,895	269,978	0	91,612	138,268	40,708	-610
Calvert Memorial	1,508	139	1,369	340,867	4,519	55,608	260,651	20,933	-844
Carroll County	967	1	966	213,806	28	55,314	137,613	22,404	-1,553
Dorchester General	1,878	38	1,840	402,712	1,003	75,450	281,014	45,746	-501
Edward McCready	769	73	696	197,063	1,328	46,026	127,594	22,319	-204
Eugene Leland	1,290	0	1,290	223,361	0	61,735	147,116	15,472	-962
Fallston	1,460	770	690	203,377	16,001	52,907	123,392	11,364	-287
Franklin Square	13,683	8,163	5,520	1,833,736	289,147	254,594	1,235,612	57,999	-3,616
Frederick Memorial	2,821	10	2,811	439,073	253	133,105	273,532	34,313	-2,130
Frostburg	1,312	0	1,312	161,194	0	69,676	79,268	13,136	-886
Garrett County	5,066	0	5,066	343,349	0	94,004	220,240	30,755	-1,650
Gr Baltimore Med Ctr	4,691	3,857	834	793,772	113,119	39,239	611,986	29,517	-89
Greater Laurel	944	0	944	163,451	0	35,947	121,160	6,402	-58
Harford Memorial	1,614	1	1,613	528,212	42	163,173	349,125	19,189	-3,317
Holy Cross	3,815	1,944	1,871	605,724	66,936	108,247	386,549	45,141	-1,149
Howard County	1,077	2	1,075	213,236	57	58,079	126,282	29,872	-1,054
Kent & Queen Annes	1,226	0	1,226	203,131	0	52,339	138,895	13,303	-1,406
Memorial Cumberland	6,388	270	6,118	762,953	7,353	228,008	482,893	48,034	-3,335
Memorial at Easton	3,864	6	3,858	588,406	32	113,777	397,229	78,835	-1,467
Montgomery General	1,428	2	1,426	390,142	8	48,945	329,577	13,251	-1,639
North Arundel	2,839	1	2,838	404,360	15	118,026	262,295	26,184	-2,160
P G Hospital Ctr	14,224	8,024	6,200	1,985,172	526,684	428,506	983,700	46,349	-67
Parkwood	288	0	288	21,519	0	10,098	10,294	1,127	0
Peninsula General	4,338	1	4,337	1,078,517	32	201,679	771,957	105,361	-512
Physicians Memorial	2,831	0	2,831	633,202	0	160,566	443,832	30,886	-2,082
Sacred Heart	3,427	173	3,254	552,575	6,044	105,142	411,742	37,901	-8,254
St Joseph	2,009	630	1,379	318,441	17,494	79,863	201,614	21,734	-2,264

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1988(Con't)

General Hospitals in Counties (Con't)	TOTAL	CLINIC	ER	TOTAL	CLINIC	ER	ANC SER	MEDICARE	CREDITS
St Marys	1,758	0	1,758	372,843	0	66,518	276,855	30,730	-1,260
Shady Grove Adventist	3,029	4	3,025	716,788	108	150,274	519,779	48,578	-1,951
Southern Maryland	1,680	0	1,680	484,891	0	86,280	358,984	41,640	-2,013
Suburban	564	12	552	199,142	863	25,070	147,177	26,889	-857
Union of Cecil Co	2,410	317	2,093	358,230	6,251	74,939	249,884	29,360	-2,204
Washington Adventist	2,242	0	2,242	712,038	0	178,673	478,375	60,174	-5,184
Wash County	7,683	209	7,474	1,145,733	6,622	215,059	862,658	68,859	-7,465
Hospitals in DC	6,825	2,768	4,057	1,792,856	131,610	330,775	1,274,093	58,878	-2,500
Greater Southeast	3,035	7	3,028	838,725	28	221,270	577,562	39,865	0
Howard Univ	953	718	235	220,589	28,465	16,818	169,541	5,765	0
Georgetown Univ	150	0	150	171,413	0	15,488	147,986	8,003	-64
Hadley Memorial	1,079	700	379	155,830	24,339	40,141	91,296	2,419	-2,365
Wash Hosp Center	1,608	1,343	265	406,299	78,778	37,058	287,708	2,826	-71
Other Out State	3,998	1,102	2,896	1,592,770	40,631	125,792	1,298,927	158,200	-32,191
Special Facilities	8,906	6,993	1,913	3,288,480	620,825	167,176	2,500,213	7,495	-7,229
Childrens of DC	3,620	1,707	1,913	985,173	76,091	167,176	745,906	0	-4,000
Childrens	337	337	0	145,534	9,196	0	136,210	663	-535
James Kernan	1,910	1,910	0	117,727	17,545	0	99,375	903	-96
Kennedy Institute	3,039	3,039	0	1,942,989	517,993	0	1,424,789	2,605	-2,398
Mt Wash Pediatric	0	0	0	97,057	0	0	93,933	3,324	-200
Recoveries/Credits				-711,433	-702,750	-111	-8,531	-41	0

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 28 PHYSICIAN PROGRAM: PAYMENTS AND NUMBER OF PROVIDER ACCOUNTS BY LOCATION OF PROVIDER AND PAYMENT GROUP: FISCAL YEAR 1988

LOCATION OF PROVIDER	AMOUNT	% OF TOTAL	PROVIDER ACCOUNTS[1] NUMBER	% OF TOTAL	NUMBER OF PROVIDER ACCOUNTS IN PAYMENT GROUP: UNDER $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000-$29,999	OVER $30,000
GRAND TOTAL	[illegible]	[illegible]	4,454	100.0%	1,426	1,682	1,896	907	641	284	618
Baltimore City	[illegible]	[illegible]	1,734	23.3%	349	318	396	200	159	82	230
Total Counties	[illegible]	[illegible]	4,598	61.7%	666	959	1,289	652	469	197	366
Allegany	[illegible]	[illegible]	154	2.1%	25	23	26	36	23	8	18
Anne Arundel	[illegible]	[illegible]	426	5.7%	57	68	157	52	38	10	24
Baltimore	[illegible]	[illegible]	935	12.5%	144	244	242	106	97	31	71
Calvert	[illegible]	[illegible]	54	0.7%	6	6	11	9	10	4	8
Caroline	[illegible]	[illegible]	12	0.2%	1	2	4	2	0	2	2
Carroll	837,631	1.0%	108	1.4%	19	18	43	15	4	2	7
Cecil	885,396	1.0%	53	0.7%	6	16	7	6	8	1	9
Charles	1,225,197	1.4%	71	1.0%	4	14	14	14	9	4	12
Dorchester	704,281	0.8%	43	0.6%	5	4	8	8	7	5	6
Frederick	1,836,379	2.1%	129	1.7%	12	22	41	20	22	4	8
Garrett	508,303	0.6%	23	0.3%	3	4	4	3	3	1	5
Harford	1,824,451	2.1%	175	2.3%	26	29	46	26	21	8	19
Howard	1,765,536	2.0%	169	2.3%	20	38	46	22	18	11	14
Kent	310,463	0.4%	36	0.5%	3	7	11	3	8	2	2
Montgomery	6,948,561	7.9%	954	12.8%	163	236	306	118	51	32	48
Prince George	8,416,745	9.6%	754	10.1%	101	138	205	124	88	37	61
Queen Anne	230,379	0.3%	12	0.2%	2	2	1	3	1	1	3
St. Mary	977,777	1.1%	55	0.7%	10	9	8	8	9	6	5
Somerset	397,055	0.5%	22	0.3%	4	1	5	1	4	1	6
Talbot	1,222,787	1.4%	75	1.0%	8	12	18	15	10	3	9
Washington	1,833,031	2.1%	146	2.0%	21	20	44	27	15	7	12
Wicomico	2,256,072	2.6%	156	2.1%	23	20	37	28	21	13	14
Worcester	309,618	0.4%	29	0.4%	3	6	5	6	2	4	3
Out of State	2,836,055	3.2%	1,122	15.1%	411	405	211	55	13	5	22

[1] Provider accounts include individual group physician accounts and contract clinic accounts.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 29. HMO PROGRAM: TOTAL PAYMENTS, MONTHLY ENROLLMENT, AND MEDICAL SERVICES PROVIDED[1] BY AGE AND SEX OF RECIPIENT: FISCAL YEAR 1988

	Total Payments	Enrollment[2]	Preventive Visits	Family Planning Visits	Prenatal Care Visits	Mental Health Visits	Other Medical Encounters	Dental Encounters	Diagnostic Procedures	Inpatient Admissions	Inpatient Days
Total All Ages	$34,423,535	36,580	14,680	3,928	5,014	3,365	108,012	16,816	124,112	3,723	16,812
Total 0-5	7,284,736	9,552	8,379	0	0	101	33,248	2,177	22,279	1,072	4,677
Male		4,733	4,174	0	0	66	17,204	1,147	8,514	560	2,410
Female		4,819	4,205	0	0	35	16,032	1,030	13,784	512	2,267
Total 6-20	8,298,576	15,099	3,825	1,622	1,676	645	27,921	7,052	39,317	808	3,165
Male		6,773	1,759	1	0	464	10,227	3,037	14,086	206	986
Female		8,326	2,066	1,621	1,676	181	17,694	4,015	25,231	602	2,179
Total 21-44	15,324,537	10,376	2,154	2,295	3,336	1,637	35,162	6,668	49,169	1,472	6,225
Male		509	114	2	1	239	1,545	611	11,360	159	790
Female		9,867	2,040	2,293	3,335	1,398	33,617	6,057	37,809	1,313	5,435
Total 45-64	2,800,146	1,067	271	11	2	905	9,726	771	12,085	254	1,694
Male		273	64	0	0	262	2,120	172	3,472	57	300
Female		794	207	11	2	643	7,606	599	8,613	197	1,394
Total 65+	715,540	486	51	0	0	77	1,955	148	1,243	117	1,051
Male		93	7	0	0	3	373	23	365	22	175
Female		393	44	0	0	74	1,582	125	878	96	876

[1]The service data in this table have been provided by participating HMO providers for services utilized by enrolled M.A. recipients during fiscal year 1988.

[2]These figures reflect HMO enrollment during the month of June, 1988 and are not reflective of all who may have been enrolled during the fiscal year. There were a total of 46,969 HMO enrollees during fiscal year 1988.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 30. HOME AND COMMUNITY HEALTH PROGRAMS: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1988

AREA OF RESIDENCE	Total	Nursing Service	Home Health Aide	Physical Therapy	Speech Therapy	Occupational Therapy	Other Services	Medical Day Care	Personal Care	Waivers	Collect-tions	STEPS Case Mgmt
State	$49,445,738	$2,942,681	$767,764	$431,014	$127,129	$143,998	$186,387	$7,041,000	$10,399,114	$27,555,664	-227,718	$78,705
Baltimore City	18,488,462	1,617,111	252,741	186,576	64,215	82,522	137,806	2,386,894	5,912,410	7,900,855	-55,278	2,610
Counties	30,957,276	1,325,570	515,023	244,438	62,914	61,476	48,581	4,654,106	4,486,704	19,654,809	-172,440	76,095
Allegany	1,162,191	34,746	777	6,153	344	0	-748	355,782	325,660	439,165	-2,283	2,595
Anne Arundel	3,045,747	60,703	33,075	11,740	3,987	2,875	8,247	1,049,734	268,610	1,613,459	-8,663	1,980
Baltimore	5,762,225	157,034	63,717	26,940	8,397	6,379	20,947	414,734	587,235	4,512,288	-37,891	2,445
Calvert	375,396	10,599	1,440	4,407	0	0	181	67,881	90,145	19,340	-127	1,530
Caroline	184,390	22,512	1,302	1,536	0	0	113	2,273	86,800	67,714	-560	2,700
Carroll	1,576,986	16,756	1,991	7,355	580	760	3,001	1,015	158,995	1,393,058	-11,655	5,130
Cecil	194,970	66,651	36,622	6,348	1,092	615	5,706	0	14,530	61,951	0	1,455
Charles	506,152	48,293	9,653	4,072	1,202	593	837	87,064	50,745	303,453	-120	360
Dorchester	561,229	30,564	183	826	986	0	4,327	139,054	339,605	35,644	-70	10,110
Frederick	1,071,394	22,124	16,035	9,324	2,031	2,000	1,461	372,018	99,705	551,391	-6,180	1,485
Garrett	750,843	51,794	7,129	1,053	300	0	1,989	35,852	179,375	477,700	-10,994	6,645
Harford	1,219,509	120,347	82,283	7,598	1,090	1,902	6,631	93,313	140,310	770,561	-7,466	2,940
Howard	1,019,173	28,784	4,016	5,048	2,607	840	-152	38,947	180,025	760,633	-3,090	1,515
Kent	150,683	7,644	141	2,671	0	0	2,352	63,945	15,800	51,785	0	6,345
Montgomery	3,215,371	202,481	36,304	69,304	14,224	22,405	7,586	528,944	210,860	2,130,587	-7,519	195
Prince Georges	4,774,823	231,723	133,809	60,303	11,098	19,319	-15,889	395,669	227,455	3,741,973	-32,527	1,890
Queen Annes	249,961	7,282	368	908	1,763	0	429	125,544	19,080	90,597	0	3,990
St. Marys	514,987	14,852	0	2,051	365	295	378	179,512	118,662	196,982	0	1,890
Somerset	469,641	17,161	6,657	1,940	0	225	-1,957	82,810	294,610	64,775	-150	3,570
Talbot	184,376	31,251	2,785	1,552	0	0	410	0	56,565	86,993	-835	5,655
Washington	2,604,902	45,281	549	5,859	12,848	50	1,169	241,236	536,750	1,797,253	-39,963	3,870
Wicomico	1,120,875	51,816	43,785	6,300	0	3,218	-1,311	378,779	370,337	265,083	-2,277	5,145
Worcester	241,452	45,172	32,402	1,150	0	0	2,874	0	114,845	42,424	-70	2,655

Columns may not add due to rounding.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 31. SPECIAL SERVICES: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1988

AREA OF RESIDENCE	Total	Optometrist Service	General Trans	Ambulance Service	Van Service	Podiatry	Medical Supplies	Medical Laboratory	Hearing Aids	Physical Therapy	Medicare Deductible/ Coinsurance[1]	Collections
State	$19,038,752	$2,605,626	$4,567,276	$1,438,145	$407,444	$625,953	$5,351,631	$3,935,756	$71,786	$96,349	$2,683,022	-61,215
Baltimore City	8,654,534	1,525,680	1,063,617	828,170	256,545	331,681	2,491,010	2,110,938	34,218	27,540	1,158,934	-14,865
Total Counties	10,384,218	1,079,946	3,503,659	609,975	150,899	294,272	2,860,621	1,824,818	37,568	68,809	1,524,088	-46,350
Allegany	379,457	80,627	110,692	20,867	79	-284	111,650	57,594	0	0	56,752	-1,768
Anne Arundel	859,877	98,159	136,046	70,234	6,584	33,018	301,921	202,018	5,736	10,591	145,851	-4,430
Baltimore	1,622,038	162,776	334,780	205,429	48,656	63,156	494,554	304,836	4,955	11,543	379,994	-8,647
Calvert	185,136	16,145	74,903	5,671	451	8,930	48,285	27,038	32	1,786	21,455	-105
Caroline	126,793	17,827	55,026	2,974	0	5,137	43,592	6,726	140	843	11,986	-5,472
Carroll	326,600	19,748	162,805	25,596	7,338	8,722	61,250	40,536	32	736	48,392	-163
Cecil	210,357	30,469	77,306	7,038	26	7,428	71,974	14,996	511	787	35,109	-180
Charles	293,132	39,492	50,683	11,933	91	7,254	123,072	59,698	1,536	576	36,347	-1,203
Dorchester	239,090	32,605	127,688	12,465	0	5,775	39,353	16,956	85	5,513	38,062	-1,350
Frederick	207,479	22,476	35,948	12,928	63	13,533	63,918	57,378	1,127	579	36,143	-471
Garrett	259,563	29,892	159,675	12,904	0	512	46,134	10,845	48	0	20,067	-447
Harford	458,526	46,874	177,390	27,443	494	10,046	140,540	53,389	128	4,581	69,702	-2,359
Howard	243,782	16,311	82,067	16,826	1,041	4,373	72,343	51,337	53	1,384	46,835	-1,953
Kent	64,108	8,937	22,495	3,861	0	296	24,370	2,702	0	1,463	7,022	-16
Montgomery	1,468,662	78,355	624,511	49,716	24,592	45,060	295,305	339,872	2,221	14,305	183,907	-5,275
Prince George's	1,629,419	153,748	330,724	76,290	61,277	26,167	545,514	413,560	18,761	9,719	197,124	-6,341
Queen Anne	102,004	14,334	43,826	3,289	0	1,985	26,317	10,974	0	1,320	9,830	-41
St. Marys	195,826	23,564	67,841	10,565	129	4,703	48,585	38,005	139	2,365	31,184	-71
Somerset	274,402	24,811	196,250	4,687	0	9,215	28,910	9,089	1,147	293	27,062	0
Talbot	69,279	11,077	24,334	3,334	0	2,643	23,175	4,745	20	105	8,683	-154
Washington	351,657	71,793	63,192	13,129	0	14,531	126,759	62,197	558	0	47,992	-502
Wicomico	542,655	55,428	350,092	9,311	52	17,214	87,885	23,311	137	175	48,812	-950
Worcester	274,376	22,498	195,383	3,485	26	4,858	35,215	17,016	202	145	15,777	-4,452

[1]Payments for Medicare deductibles and coinsurance are included in service payment totals.
Columns may not add due to rounding.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 32. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM: SERVICES AND PAYMENTS TO EPSDT PROVIDERS
FISCAL YEAR: 1988

County	Number of Screens	Payments
Total State	39,837	$1,594,087
Baltimore City	16,188	659,794
Total Counties	23,649	934,293
Allegany	1,261	44,598
Anne Arundel	2,089	84,733
Baltimore	3,055	119,456
Calvert	460	18,650
Caroline	406	14,744
Carroll	599	24,116
Cecil	664	25,544
Charles	1,014	40,676
Dorchester	533	20,834
Frederick	774	29,790
Garrett	298	11,863
Harford	1,325	51,454
Howard	454	18,562
Kent	179	7,117
Montgomery	1,933	79,207
Prince George's	4,206	171,679
Queen Anne	289	10,496
St. Mary's	773	31,927
Somerset	390	14,386
Talbot	384	13,033
Washington	911	36,137
Wicomico	1,322	52,126
Worcester	330	13,165

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 33. CHARACTERISTICS OF ALL PERSONS ENROLLED AT SOME TIME DURING THE YEAR TO RECEIVE MEDICAL CARE: FISCAL YEAR 1988

Total Eligibles			507,438
Total Medicaid Eligibles			482,002
Categorically Eligible - Basis of Whose Eligibility was:			318,415
-Age 65 or over		20,071	
-Blindness		402	
-Permanent and Total Disability		43,163	
-Dependent Children Under 21		153,270	
-Adults in Families with Dependent Children		72,742	
-Other (Essential Persons)		45	
-General Public Assistance		28,722	
Medically Indigent - Base of Whose Eligibility was:			166,703
-Age 65 or over		23,078	
-Blindness		21	
-Permanent and Total Disability		7,306	
-Total Dependent Children Under 21		31,786	
-Under 21 not in Family	7,144		
-Under 21 in Family	24,642		
-Adults in Families with Dependent Children		16,758	
-Other		87,754	
-State Only (Plus Cancels)	83,671		
-Subsidized Adoptions	966		
-Prenatal Assistance	3,117		
Pharmacy Assistance			22,319

TOTAL ELIGIBLES

Age in Years - Total	507,437
Under 21	241,844
21 through 64	200,958
65 or Over	64,635
Sex - Total	507,437
Male	190,086
Female	317,351
Race - Total	507,437
White	199,233
Non-White	305,435
Unknown	2,769

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1984-1988

	Fiscal Year				
	1988	1987	1986	1985	1984
Number of Recipients	402,164	393,683	398,721	380,664	380,833
Payments: Total[1]	$972,449,611	$846,714,045	$758,881,991	$598,171,941	$572,016,964
Hospital Inpatient	334,073,754	281,618,626	268,628,325	218,610,636	218,669,876
Nursing Facility	245,938,008	221,049,926	202,774,487	194,576,061	187,884,175
Hospital OPD Care	72,167,383	70,818,047	63,079,477	62,980,659	60,666,405
Physician Services	87,708,167	67,997,323	62,488,765	52,395,250	45,509,020
Pharmacy Services	55,194,978	52,411,016	48,484,624	43,901,856	37,869,459
Dental Services	3,848,367	4,172,880	4,744,469	5,359,316	5,330,982
Home and Community	49,445,738	32,626,382	17,997,765	10,154,321	6,973,754
Special Services	19,038,752	10,887,555	10,961,272	10,193,842	9,083,393
State Institutions	105,034,464	105,132,290	79,722,807	26,455,572	--
Average Number Enrollees	340,267	341,529	341,256	338,975	341,622
Fed Matched Indigent	273,297	273,919	272,681	266,240	263,851
Fed Matched Med Indigent	40,936	37,593	37,660	40,811	43,577
Non-Fed Matched	26,034	30,017	31,523	31,924	34,194
Avg Pay/Enrollee: All	$2,858	$2,479	$2,224	$1,765	$1,674
Fed Matched Indigent	1,651	1,445	1,294	1,032	980
Fed Matched Med Indigent	9,556	9,154	7,996	5,760	5,083
Non-Fed Matched	4,571	3,554	3,349	2,776	2,683
Hospital Inpatient	$983	$827	$787	$645	$640
Nursing Facility	723	674	594	574	550
Hospital OPD Care	212	207	185	186	178
Physician Services	258	199	183	155	133
Pharmacy Services	162	153	142	130	111
Dental Services	11	12	14	16	16
Home and Community	145	96	53	30	20
Special Services	56	32	32	30	27
State Institutions	307	308	234	78	--

[1] Does not include payments for part B of Medicare and capitation payments for HMO enrollees. Payments to State institutions are included in fiscal year 1986 - 1988 total payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1984-1988 (Con't)

	Fiscal Year				
HOSPITAL INPATIENT SERVICES	1988	1987	1986	1985	1984
Number of Recipients	98,565	94,603	90,552	65,679	65,226
Payments: Total	$363,895,023	$308,553,255	$295,509,464	$218,610,636	$218,699,876
General Hospitals					
Number of Discharges	92,034	85,804	84,202	68,074	70,115
Days of Care	493,544	456,851	464,453	398,197	442,683
Payments: Total	$285,071,064	$247,958,578	$238,217,379	$193,742,314	$198,822,499
Inpatient Care	274,780,680	238,515,239	230,577,078	186,418,697	193,152,299
Average per diem	577.60	522.09	512.90	485.24	436.32
Medicare D & C	10,290,384	9,443,339	7,640,301	7,323,617	5,670,000
Avg Days per Discharge	5.36	5.32	5.74	5.85	6.31
Avg Days per Enrollee	1.45	1.34	1.36	1.17	1.30
Special and Chronic Hospitals					
Days of Care	177,490	113,416	92,115	91,948	90,935
Payments: Total	$49,141,294	$33,830,534	$30,583,195	$25,768,223	$22,017,840
Inpatient Care	48,903,364	33,610,335	30,344,986	25,550,880	21,883,480
Average per diem	276.87	296.35	332.01	280.25	240.65
Medicare D & C	237,930	220,199	238,209	217,343	134,360
Avg Days per Enrollee	0.52	0.33	0.27	0.27	0.27

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1984-1988 (Con't)

	Fiscal Year				
State Chronic & Mental Hospitals	1988	1987	1986	1985	1984
Days of Care	166,272	162,796	165,515	--	--
Payments: Total	$29,821,270	$26,954,631	$26,881,139	--	--
Inpatient Care	29,228,804	26,296,259	25,778,693	--	--
Avg per diem	179.33	161.57	162.41	--	--
Medicare D & C	592,466	640,372	1,102,446	--	--
Collections: Total	(1,366,582)	(170,488)	(172,249)	(889,901)	(2,140,465)
HOSPITAL OUTPATIENT PROGRAM					
Number of Recipients	173,292	180,754	180,257	211,407	216,851
Number of OPD and ER Visits	477,556	505,980	545,495	653,359	682,361
Payments: Total	$72,167,383	$70,818,047	$63,079,477	$62,980,659	$60,666,405
OPD and ER Visits	22,625,887	23,033,552	24,675,412	20,864,923	20,359,815
Ancillary Services	46,213,788	44,232,652	35,251,622	31,482,850	29,092,715
Avg payment/visit	144.15	132.94	109.86	92.34	84.20
Medicare D&C	3,327,708	3,551,843	3,152,443	2,632,886	3,213,875
Avg number OPD and ER Visits per Enrollee	1.40	1.48	1.60	1.93	2.00
Avg number OPD and ER Visits per Recipient	2.76	2.80	3.03	3.09	3.15

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1984-1988 (Con't)

	Fiscal Year				
NURSING FACILITY PROGRAM	1988	1987	1986	1985	1984
Number Recipients of Service	23,771	23,779	25,412	20,549	18,223
Days of care: Total	5,598,529	5,364,073	5,215,405	5,188,179	5,060,138
Nursing care days	5,595,770	5,358,996	5,210,417	5,182,483	5,054,301
Medicare coins.	2,759	5,077	4,988	5,696	5,837
Payments: Total	$245,938,008	$221,060,227	$202,774,487	$194,576,061	$187,884,075
Nursing Care	245,765,303	220,768,918	202,532,177	194,331,594	187,665,576
Medicare Coinsurance	172,705	291,309	242,310	244,467	218,499
Avg per diem payment					
Nursing care	43.93	41.20	38.87	37.50	37.13
Medicare coins.	62.60	57.38	48.58	42.92	37.43
Avg days/enrollee					
Nursing Care	16.45	15.71	15.28	15.29	15.04
Medicare coins.	.01	.01	.02	.02	.02
ICF-MR Facilities					
Recipients of Service	1,498	1,936	1,819	--	--
Days of Care	499,454	602,981	524,839	--	--
Payments: Total	$75,213,195	$78,197,661	$52,841,668	--	--
Avg per diem payment	150.59	129.68	100.68	--	--

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1984-1988 (Con't)

	Fiscal Year				
PHYSICIAN SERVICES	1988	1987	1986	1985	1984
Recipients: Total	289,665	277,826	295,062	301,038	292,536
Payments: Total	$87,708,192	$67,997,323	$62,488,765	$52,395,250	$45,509,020
Office, Home and Nursing Home					
Number Recipients	--	--	--	242,148	237,593
Payments: Total	$47,719,221	$36,232,637	$33,251,237	$26,776,684	$23,351,098
Physician					
Number Visits	809,342	765,157	809,824	824,095	770,650
Payments: Visits	$17,438,203	$15,221,202	$17,217,030	14,927,403	$12,952,718
Specified services	26,742,089	18,674,040	13,607,924	6,036,842	6,100,558
Medicare D & C	3,538,929	2,337,125	2,426,282	2,063,303	3,097,314
Visits/Enrollee	2.38	2.24	2.61	2.43	2.25
Visits/Recipient	--	--	--	3.40	3.24
Clinic Services					
Payments: Total	$17,919,944	$11,787,628	$8,632,292	$3,846,448	$2,251,728
Collections: Total	(256,608)	(146,736)	(156,720)	(97,312)	(51,220)
In-Hospital Service					
Number Recipients	--	--	--	172,072	156,646
Payments: Total	$40,245,579	$31,911,692	$29,394,248	$25,715,878	$22,157,922
Inpatients	31,311,647	24,181,022	18,333,600	16,467,883	14,559,891
Outpatients	7,750,351	6,250,457	4,642,485	3,559,907	2,669,982
ER patients	1,403,581	1,480,213	1,818,277	1,647,484	1,224,374
Medicare D & C	5,869,705	4,740,155	4,579,886	4,040,675	3,703,675

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1984-1988 (Con't)

	Fiscal Year				
DENTAL SERVICES	1988	1987	1986	1985	1984
Number Recipients	63,679	68,263	75,804	83,075	85,706
Payments: Total	$3,848,367	$4,172,880	$4,774,469	$5,359,316	$5,330,982
Diagnostic	793,787	848,996	718,415	789,697	753,151
Preventive	677,550	741,179	1,126,886	1,210,042	1,128,510
Restorative	878,616	969,307	975,989	1,264,139	1,315,645
Endo/Periodontic	178,961	202,321	218,141	314,570	344,010
Prosthodontic	34,613	44,874	59,651	65,924	92,468
Oral Surgery	771,244	793,147	724,181	705,233	706,117
Other Services	513,596	573,056	951,206	1,009,711	991,081
Number Selected Services					
Prophylaxes	39,326	42,576	48,765	54,865	56,398
Floride Treat	33,611	37,197	42,198	47,488	48,734
Fillings	39,476	43,858	52,801	69,376	82,183
Extractions	36,985	39,734	44,367	43,539	43,809
Full Dentures	14	16	7	17	23
Partial Dentures	79	120	108	188	287
PHARMACY SERVICES					
Number Recipients	255,534	263,946	274,392	273,647	273,028
Number Invoices	3,256,798	3,250,190	3,265,811	3,077,593	2,897,328
Payments: Total	$55,194,978	$52,411,016	$48,484,624	$43,901,856	$37,869,459
Average Payment per Invoice	16.95	16.13	14.85	14.26	13.07
Avg Invoice/Enrollee	9.57	9.52	9.57	9.08	8.48
Avg Invoice/Recipient	12.75	12.31	11.90	11.25	10.61

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1984-1988 (Con't)

	Fiscal Year				
HOME AND COMMUNITY HEALTH SERVICES	1988	1987	1986	1985	1984
Number Recipients	10,906	9,207	7,930	5,889	4,647
Payments: Total	$49,445,738	$32,626,382	$17,997,787	$10,154,321	$6,973,754
Nursing service	2,942,680	2,657,019	2,375,331	1,925,428	1,546,594
Home Health Aide	767,768	757,311	768,056	715,644	529,493
PT/OT	702,140	707,623	602,930	475,642	332,280
Medical Day Care	7,041,001	5,528,677	4,002,585	2,845,858	1,774,370
Personal Care	10,399,115	7,568,831	5,483,792	4,022,839	2,662,370
Other Services	265,166	156,160	143,846	168,910	128,691
Waiver - Model	2,123,334	1,679,451	4,621,247*	-0-	-0-
Waiver _ MR	24,198,944	13,719,642	--	--	--
Waiver - Tech	1,233,387	--	--	--	--
Collections	(227,797)	(148,332)	--	--	--
SPECIAL SERVICES					
Number Recipients	--	--	--	145,355	141,904
Payments: Total	$19,038,752	$10,887,555	$10,961,272	$10,193,842	$9,083,393
Optom & Optic Svs	2,605,626	2,631,126	2,767,185	2,936,513	2,773,501
Ambulance/MCV	1,845,587	826,049	692,105	998,244	565,119
General Trans	4,567,279	--	--	--	--
Med Lab Services	3,935,759	2,642,440	2,804,915	2,627,070	2,094,741
Medical Supplies	5,331,634	2,606,317	2,439,363	1,840,553	1,419,968
Podiatry	625,953	273,381	446,783	653,435	429,560
Physical Therapy	96,347	36,459	52,500	49,847	40,421
Hearing Aids	71,785	50,599	60,567	77,356	59,203
Med Ded & Coins	2,683,023	1,836,867	1,701,773	1,629,640	1,704,263
No Part B Coverage	-0-	-0-	-0-	(30)	(1,223)
Recoveries (other)	(61,218)	(15,683)	(3,918)	(6,628)	(2,160)

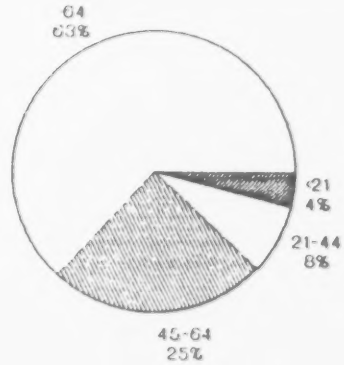
* All Waivers

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

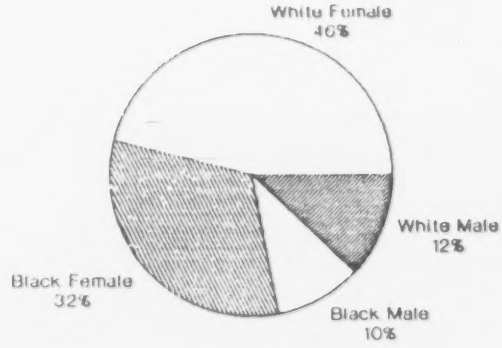
TABLE 35. MARYLAND PHARMACY ASSISTANCE PROGRAM:
AVERAGE ENROLLMENT BY RESIDENCE - SELECTED CHARACTERISTICS
Fiscal Year 1988

Residence of Recipient	Enrollment	Increase (+)/Decrease (-)
Total State	16,659	+1,571
Baltimore City	6,992	+476
Allegany County	528	+22
Anne Arundel County	872	+98
Baltimore County	1,856	+248
Calvert County	80	+16
Caroline County	162	+7
Carroll County	291	+45
Cecil County	231	+27
Charles County	134	+43
Dorchester County	224	+18
Frederick County	280	+33
Garrett County	143	+26
Harford County	393	+77
Howard County	212	+6
Kent County	119	+17
Montgomery County	604	+99
Prince George's County	901	+107
Queen Anne's County	139	+23
St. Mary's County	137	+7
Somerset County	158	+20
Talbot County	110	+3
Washington County	576	+24
Wicomico County	368	+31
Worcester County	145	+15
Cancellations	1,004	+110

Selected Characteristics



AGE



RACE/SEX

MARYLAND PHARMACY ASSISTANCE PROGRAM

TABLE 36. SUMMARY OF SELECTED MARYLAND PHARMACY ASSISTANCE PROGRAM DATA: FISCAL YEARS 1984-1988

PHARMACY ASSISTANCE SERVICES	1988	1987	1986	1985	1984
Average Enrollment	16,659	15,088	13,593	13,099	11,370
Maximum Gross Allowance Income Base	$6,400	$6,100	$5,800	$5,400	$5,100
Total Payments	$6,905,420	$6,095,085	$5,110,658	$4,487,552	$3,494,592
Total Number of Prescriptions	370,065	335,360	308,658	279,873	235,945
Average Payment Per Prescription	$18.66	$18.17	$16.55	$16.03	$14.88
Average Cost Per Recipient	$414.52	$403.97	$376.00	$343.00	$307.00
Average Prescriptions Per Recipient	22.21	22.23	22.71	21.37	20.66

APPENDIX
GLOSSARY OF TERMS

ENROLLEES Those persons who apply for and are determined eligible for Medical Assistance benefits. Medical Assistance enrollees are automatically eligible through receipt of cash assistance from Aid to Families with Dependent Children (AFDC), General Public Assistance (GPA), or Supplemental Security Income (SSI). Enrollees may also become eligible as a result of meeting certain financial and technical requirements established by the State and the Federal government. Each enrollee receives a Medical Assistance card with which to receive covered services. All enrollee counts in this publication reflect the average number of persons enrolled during a month.

RECIPIENTS Medical Assistance enrollees who have used their Medical Assistance cards to receive medical services covered under the Maryland Medical Assistance Program. Counts of recipients in this publication may exceed the average number of enrollees, because many individuals gain and lose eligibility over the year's time.

FEDERAL FINANCIAL PARTICIPATION - (FFP) Federal expenditures provided to match State expenditures for Medicaid eligibles in federally approved assistance categories.

FEDERALLY MATCHED CATEGORICALLY INDIGENT ELIGIBILITY CATEGORIES Federally-matched categorically needy persons are those who meet financial and technical eligibility requirements for AFDC or SSI, and who receive cash assistance through these programs. The State receives federal financial participation for all covered expenditures for these groups. (Automatically eligible to receive Medical Assistance benefits).

OAA Old Age Assistance. Individuals 65 years old or older who are recipients of Supplemental Security Income (SSI) benefits.

PANB Public Assistance to the Needy Blind. Individuals who are blind and are recipients of SSI benefits.

APTD Aid to the Permanently and Totally Disabled. Individuals who are disabled and are recipients of SSI benefits.

EP Essential Persons. Individuals who were receiving Medical Assistance in December 1973 because they had been determined to be essential to the well being of the aged, blind, or disabled spouse with whom they lived and who continue to meet the December 1973 criteria for the State's approved Old Age Assistance, Aid to the Blind, or Aid to the Permanently and Totally Disabled plans.

AFDC Aid to Families with Dependent Children. Individuals who are recipients ~~of Aid~~ to Families with Dependent Children (AFDC) benefits.

NON-FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORY
Non-federally matched categorically needy persons are financially eligible for state cash assistance and ineligible for federal cash assistance. Expenditures for this group are not eligible for federal financial participation. (Automatically eligible to receive Medicaid benefits).

GPA General Public Assistance. Individuals who are receiving cash assistance from state and local funds because they are unemployed or only part-time employed due to a medically substantiated impairment. These individuals fail to meet the technical eligibility requirements for federal cash assistance.

FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES
Federally-matched medically needy persons are those whose income and resources are above the limits for eligibility as categorically needy (AFDC or SSI) but are within limits set by the State. Expenditures for these groups are eligible for federal financial participation. (Eligibles must apply for Medical Assistance benefits at local Department of Social Services offices).

MAO Medical Assistance to Individuals Aged 65 and Over. Individuals 65 years old or older who are not recipients of SSI benefits.

MAB Medical Assistance to the Blind. Individuals who are blind and are not recipients of SSI benefits.

MAD Medical Assistance to the Disabled. Individuals who are disabled and not recipients of SSI benefits.

MAFC Medical Assistance to Individuals Under 21 and Not in Family. Individuals younger than 21 years old who are not living with a caretaker relative and receive no cash assistance. This group is comprised of children in foster care, state facilities for the mentally retarded, and children under the jurisdiction of the Juvenile Services Administration who live in facilities that are not owned, operated or administered by the agency.

MAC Medical Assistance to Individuals Under 21 and in Family. Individuals younger than 21 years old who live with family members and are not receiving cash assistance.

MAR Medical Assistance to Eligible Relatives. Individuals who are caretaker-relatives of children and who do not receive cash assistance.

SOBRA Medical Assistance to pregnant women and their children up to one year of age (PWC Program). Pregnant women who have incomes below the Federal poverty level may receive pregnancy-related medical services under Medicaid. Complete Medicaid coverage is available for children up to one year of age.

NON-FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES Non-federally matched medically needy persons are those who do not qualify under any federally established eligibility category, but who do meet Medicaid financial requirements. Expenditures for these groups are not eligible for federal financial participation. (Eligibles must make application for Medicaid benefits).

STND 1 Standard 1. Individuals between the ages of 21 and 65 who are not blind or disabled or a caretaker- relative and are not receiving cash assistance in either a federal (AFDC,SSI) or state-only program(GPA).

SA Subsidized Adoptions. Children who are placed in adoption by the Maryland Department of Human Resources and who are not eligible for an adoption subsidy in which there is federal financial participation.

The Secretary of Health and Mental Hygiene, by law* and/or policy does not permit discrimination in the delivery of services and employment on the basis of handicapped status, race, color, and national origin; additionally, discrimination in any phase of employment practices, policies, or procedures on the basis of religion, age, sex, or political affiliation are prohibited. This encompasses all facilities and programs directly operated by DHMH, grant -in-aid programs, providers of health services receiving Federal funds through DHMH, contractors and sub-contractors.

* Applicable laws and policy are available on request.